

*Division of Health Care Finance and Policy*

**Fiscal Year 1999**

**Inpatient Hospital  
Discharge Database  
Documentation Manual**

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Division of Health Care Finance and Policy  
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General Documentation  
FY1999 Inpatient Hospital Discharge Database

**SPECIAL NOTE TO CUSTOMERS OF THIS  
FY1999 YEAR-END CASE MIX DATABASE**

Please be advised that this database contains 2 hospitals that submitted case-mix data for 5 quarters in fiscal year 1999, rather than the usual 4. This was due to the conversion of their fiscal year start dates from July 1, 1998 to October 1, 998 – September 30, 1999. These hospitals include:

UMass./Memorial HealthCare  
Hale Municipal Hospital

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INTRODUCTION

This documentation manual consists of two sections:

- I. GENERAL DOCUMENTATION
- II. TECHNICAL DOCUMENTATION

The **General Documentation** for the Fiscal Year 1999 Hospital Case Mix & Charge Data Base includes background on database development and on the DRG Groupers included, and is intended to provide users with an understanding of the data quality issues connected with the data elements they may decide to examine. This document includes hospital-reported discrepancies received in response to the data verification process. Also included are supplements listing the hospitals within the database and information on mergers, name changes, and hospital closures.

**Technical Documentation** includes information on the fields calculated by the Division of Health Care Finance & Policy (DHCFP), and provides a data file contents summary which describes hospital data that is included in the two files (i.e., accepted data file and a cautionary use file). In addition, revenue code mappings and alphabetical and numerical payer source lists are included.

For your reference, the **tape specifications** listed following this section provide the necessary information to enable the user to access files on the 3480 cartridges. Users purchasing the CD-ROM version of the case mix database should refer to the CD specifications. Users purchasing the case mix database on cartridge should refer to the tape specifications.

*Users of this database should also be aware that certain regulatory changes to Regulation 114.1 CMR 17.00 were implemented as of October 1, 1997. As a result, certain necessary changes to the Record Layout documentation which accompanies this manual have been made.*

Copies of **Regulation 114.1 CM 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data** and **Regulation 114.1 CMR 2.00: Disclosure of Hospital Case Mix and Charge Data** may be obtained by faxing a request to the Division.

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TAPE SPECIFICATIONS

File 1:

DSN is RSC0C.FIPA0000.YEND99.V1.LEV\_.ACCEPTED.DATA

1. 3480 Data Cartridge
2. Character Set is EBCDIC
3. Record length in bytes 2,063
4. Block length in bytes 26,819
5. Format is fixed block
6. Number of Records: 778,406

File 2:

DSN is RSC0C.FIPA0000.YEND99.V1.LEV\_.CAUTION.DATA

1. 3480 Data Cartridge
2. Character Set is EBCDIC
3. Record length in bytes 2,063
4. Block length in bytes 26,819
5. Format is fixed block
6. Number of Records: 3,295

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CD SPECIFICATIONS

Hardware Requirements

- CD ROM Device
- Hard Drive with 1.60 GB of space available.

CD Contents

This CD contains either the “Final/Full Year” Hospital Inpatient Discharge Data Product.

As an approved applicant or its agent, you are reminded that you are bound by your application and confidentiality agreement to secure this data in a sufficient manner, so as to protect the confidentiality of the data subjects.

File Naming Conventions

The CD contains self-extracting compressed files using the file-naming convention below. Accompanying file structure details are mailed separately.

FyyyyLn.EXE – file name

F = Final / Full Year product

yyyy = four digit Fiscal Year of Discharge Data

L = Level of Data

N = Level Number value (1-6)

Example of the File Name

F1999L1.EXE -Final 1999 Level 1 data (contains accepted and cautionary files)

To extract data from the CD and put it on your hard drive, select the CD file you need and double click on it. You will be prompted to enter the name of the target destination. For the example above, extracted files will be:

Fa99L1.exe – Accepted data

Fc99L1.exe – Cautionary data

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SECTION I. GENERAL DOCUMENTATION

PART A. BACKGROUND INFORMATION

1. General Documentation Overview
2. Development of the FY1999 Database
3. DRG Methodology



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PART A. BACKGROUND INFORMATION

1. General Documentation Overview

The General Documentation consists of six parts.

**PART A. BACKGROUND INFORMATION:** Provides information on the development of the fiscal year 1999 hospital case mix and charge database and the DRG methodology used.

**PART B. DATA:** Describes the basic data quality standards as contained in *114.1 CMR 17.00 Requirement for the Submission of Case Mix and Charge Data* (referred to as the 17.00 Regulation); some general data definitions, general data caveats, and information on specific data elements.

Case mix data plays a vital and growing role in health care research and analysis. To ensure the database is as accurate as possible, the DHCFP requires hospitals to verify their data. A standard ***Verification Response Form*** is issued by the Division and is used by each hospital to certify the correctness of the data as it appears on their ***FY1999 Final Casemix Verification Report***, or to certify that the hospital found discrepancies in the data. If a hospital finds data discrepancies, then the DHCFP requests the hospital submit written corrections that provide an accurate profile of the hospital's fiscal year 1999 discharges. Part C of the documentation displays hospital response sheets.

**PART C. HOSPITAL RESPONSES:** Details hospitals' responses received as a result of the data verification process. From this section users can also learn which hospitals did not verify their data. This section contains the following lists and charts.

1. Summary of Hospitals' FY 1999 Final Case Mix Verification Report Responses
2. Summary of Reported Discrepancies by Category.
3. Data Discrepancies and Correction Responses Received from Hospitals
4. Additional Information

**PART D. CAUTIONARY USE DATA FILE:** Lists hospitals for which DHCFP did not receive four (4) quarters of acceptable data, as specified under Regulation 114.1 CMR 17.00.

For this FY1999 report, 2 two hospitals did not meet this regulatory requirement.

**PART E. HOSPITALS WITH NO DATA SUBMISSION:** Lists those hospitals which failed to provide any fiscal year 1999 data to the DHCFP. For FY 1999, ALL hospitals submitted data.

**PART F. SUPPLEMENTS:** Provides Supplements I through IV listed in the Table of Contents.

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PART A. BACKGROUND INFORMATION  
2. QUARTERLY REPORTING PERIODS

All Massachusetts hospitals are required to file data which describes various characteristics of their patient population, including patient acuity, as well as the charges for services provided to their patients in accordance with Regulation 114.1 CMR 17.00. Tapes must be filed for the following time periods:

**QUARTER 1 – OCTOBER 1, 1998 thru DECEMBER 31, 1998**

**QUARTER 2 – JANUARY 1, 1999 thru MARCH 31, 1999**

**QUARTER 3 – APRIL 1, 1999 thru JUNE 30, 1999**

**QUARTER 4 – JULY 1, 1999 thru SEPTEMBER 30, 1999**

**For FY1999, two hospitals submitted data for five quarters. See note on first page.**

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PART A. BACKGROUND INFORMATION  
3. DEVELOPMENT OF THE FISCAL YEAR 1998 DATABASE

The Division of Health Care Finance & Policy continued its efforts to improve the processing and accuracy of the case mix and charge database during FY 1999. Staff involved with the processing and management of the database met frequently to discuss and resolve the numerous issues which inevitably arise. The Division also continued the practice of providing hospitals with an opportunity to verify data at both the mid-year, and year-end points in time.

Six Fiscal Year 1999 database levels have been created to correspond to the levels set forth in **Regulation 114.5 CMR 2.00; “Disclosure of Hospital Case Mix and Charge Data”**. Higher levels contain an increasing number of the data elements defined as “Deniable Data Elements” in Regulation 114.5 CMR 2.00. The deniable data elements are medical record number, billing number, claim certificate number (Medicaid Recipient Identification Number), unique health identification number (UHIN), date of admission, date of discharge, date of birth, date(s) of surgery, and unique physician number (UPN). The six levels include:

<b>LEVEL I</b>	Contains all case mix data elements, except the deniable data elements.
<b>LEVEL II</b>	Contains all Level I data elements, plus the UPN.
<b>LEVEL III</b>	Contains all Level I data elements, plus the UHIN, an admission sequence number for each UHIN record, and a calculation of the number of days between inpatient stays for each UHIN record.
<b>LEVEL IV</b>	Contains all Level I data elements, plus the UPN, the UHIN, an admission sequence number for each UHIN record, and a calculation of the number of days between inpatient stays for each UHIN record.
<b>LEVEL V</b>	Contains all Level IV data elements, plus the date of admission, date of discharge, and the date(s) of surgery.
<b>LEVEL VI</b>	Contains all of the case mix data including deniable data elements except the patient identifier component of the claim certificate number.

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PART A. BACKGROUND INFORMATION

4. DRG GROUPERS

All Patient DRG Groupers (Version 8.1 & Version 12.0)  
& All-Patient Refined DRG Grouper (Version 12.0)

Users should note that the New Jersey Version II Grouper was used to classify discharges into Diagnostic Related Groups (DRGs) prior to October 1991.

Beginning in October 1991, the DHCFP began using the All-Patient Grouper Version 8.1 (mainframe) to classify all patient discharges for hospital's profiles of discharges and for the yearly database. This change in grouping methodology was made because the All-Patient DRG better represents the general population and provides improvements in areas such as newborns and the HIV population. Both the AP-DRG Version 8.1 Grouper and the AP-DRG Version 12.0 grouper have been included on the fiscal year 1996 database. The purpose of Providing two groupers on the database is to offer a more current grouper, (AP-DRG 12.0) while allowing consistency for previously released data bases which contain the AP-V8.1. (Please note that hospitals were reviewed for verification using both the AP-V8.1 and V12.0 Groupers.)

The Version 8.1 All Patient-DRG methodology is not totally congruent with the ICD-9-CM procedure and diagnosis codes in effect for this fiscal year 1997. Therefore, it was necessary to convert some ICD-9-CM codes to those acceptable to the AP-DRG 8.1 grouper. The MRSC mapped the applicable ICD-9-CM codes into a clinically representative code using the historical mapper utility provided by 3M Health Information Systems. This conversion is done internally for the purpose of DRG assignment and for reimbursement, and in no way alters the original ICD-9-CM codes that appear on the database. These codes remain on the database as they were reported by the hospital.

There are several birth weight options within the 3M Grouper software for determining newborn DRG assignment. Option 5, which determines the newborn DRG by inferring birth weight from the ICD-9 code is used as the birth weight option in both implementations of groupers V8.1 and V12.0.

DRGs and the Verification Report Process

The hospitals' profile of discharges, grouped by AP-DRG 8.1 and by the AP-DRG 12.0 is part of the verification report, and it is this grouped profile on which the hospitals commented. The Division urged hospitals to use the All-Patient-DRG Grouper with same system specifications as used by the DHCFP.

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PART A. BACKGROUND INFORMATION

3. DRG GROUPERS

All Patient DRG Groupers (Version 8.1 & Version 12.0)  
& All-Patient Refined DRG Grouper (Version 12.0)

All Patient Refined Grouper (3M APR-DRG 12.0)

As of FY1997, the All Patient Refined DRGs were added to the Hospital Case Mix & Charge Data Base. The All Patient Refined DRGs (3M APR-DRG 12.0) are a severity/risk adjusted classification system that provide a more effective means of adjusting for patient differences.

The 3M APR-DRGs expand the basic DRG structure by adding four subclasses to each DRG. The addition of the four subclasses address patient differences relating to severity of illness and risk of mortality. Severity of illness relates to the extent of physiologic decompensation or organ system loss of function experience by the patient, while risk of mortality relates to the likelihood of dying. For example, a patient with acute cholecystitis as the only secondary diagnosis is considered a major severity of illness but a minor risk of mortality. The severity of illness is major since there is significant organ system loss of function associated with acute cholecystitis. However, it is unlikely that the acute cholecystitis alone will result in patient mortality and thus, the risk of mortality for this patient is minor. If additional diagnoses are present along with the acute cholecystitis, patient severity of illness and risk of mortality may increase. For example, if peritonitis is present along with the acute cholecystitis, the patient is considered an extreme severity of illness and a major risk of mortality. Since severity of illness and risk of mortality are distinct patient attributes, separate subclasses are assigned to a patient for severity of illness and risk of mortality. Thus, in the APR-DRG system, a patient is assigned three distinct descriptors:

- The base APR-DRG (e.g., APR-DRG 127 – Congestive Heart Failure or APR-DRG 302 – Kidney Transplant)
- The severity of illness subclass
- The risk of mortality subclass

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PART A. BACKGROUND INFORMATION

4. DRG GROUPERS

All Patient DRG Groupers (Version 8.1 & Version 12.0)  
& All-Patient Refined DRG Grouper (Version 12.0)

The four severity of illness subclasses and the four risk of mortality subclasses are numbered sequentially from 1 to 4 indicating respectively, minor, moderate, major, or extreme severity of illness or risk of mortality.

The Fiscal Year 1999 Case Mix & Charge Data Base contains the **APR – DRG 12.0, the APR MDC 12.0, the severity subclass, and mortality subclass**. For applications such as evaluating resource use or establishing patient care guidelines, the 3M APR-DRGs in conjunction with severity of illness subclass is used. The severity subclass data can be found in the Division’s record layout in the variable named “**APR – V12 Severity Level**” at position number 2050.<sup>1</sup> For evaluating patient mortality, the 3M APR-DRG in conjunction with the risk of mortality subclass is used. The mortality subclass data can be found in the Division’s record layout in the variable named “**APR-V12 Mortality Level**” at position number 2051.

Please note that the Division maintains listings of the DRG numbers and associated descriptions for the three DRG groupers included in this database. These are available upon request.

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<sup>1</sup> Massachusetts specific cost weights were developed for the All Patient Refined DRG Grouper (Version 12.0) and may be utilized with the information contained in this data base.

## PART B. DATA

1. Data Quality Standards
2. General Definitions
3. General Data Caveats
4. Specific Data Elements
5. Special DHCFP Data Element Review

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PART B. DATA

1. Data Quality Standards

During FY 1999 hospitals submitted case mix and charge data 75 days or more after each quarter. The data was then edited using the Integrated Data Demonstration (IDD) software, as modified by DHCFP. Required data elements and corresponding edits are specified in ***114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data.***

The quarterly data is edited for compliance with regulatory requirements using a one percent error rate specified in Regulation 114.1 CMR 17.00. The one percent error rate is based on the presence of Type A and Type B errors as follows:

- Type A: One error per discharge caused rejection of the discharge.
- Type B: Two errors per discharge caused rejection of the discharge.

If more than one percent of the discharges are rejected, then the entire tape submission is rejected by the DHCFP. These edits primarily check for valid codes, correct formatting, and presence of required data elements. Please see Supplement I for a listing of data elements categorized by error type.

Each hospital receives a quarterly error report displaying invalid discharge information. Quarterly data which does not meet the one percent compliance standard must be resubmitted by the individual hospital until the standard is met. Data for the hospitals which did not meet the one percent error rate is contained in the Cautionary Use File. (See Part D.)

**Verification Report Process**

The final case mix and charge data verification project is intended to present hospitals with a profile of their individual data as retained by the Division. The purpose of this project is to function as a quality control measure for hospitals to review the data they have provided to the DHCFP. The Verification Report itself is a series of frequency reports covering selected data elements including the number of discharges, amount of charges by accommodation and ancillary center, and listing of Diagnostic Related Groups (DRGs). Please refer to Supplement II for a description of the Verification Report contents.



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PART B. DATA

1. Data Quality Standards

Hospitals have the opportunity to review their data twice a year. After a hospital has successfully submitted the first two quarters of data, an **Interim Verification Report** is produced for the hospital's review. Hospitals are strongly encouraged to review the interim report for inaccuracies and make corrections so that subsequent quarters of data will be accurate. At this point, hospitals are asked to certify the accuracy of their data by completing a **Case-Mix Verification Report Response Form**.

The Verification Report Response Form allows for two types of responses as follows:

**“A” Response:** By checking this category, a hospital indicates its agreement that the data appearing on the Verification Report is accurate and that it represents the hospital's case mix profile.

**“B” Response:** By checking this category, a hospital indicates that the data on the report is accurate except for the discrepancies noted.

If any discrepancies exist, (i.e., a 'B' response), DHCFP requests that hospitals provide a written explanation of the discrepancies which will be included in this General Documentation Manual.

A **Final Verification Report** is produced after four (4) quarters of data have passed the required edits. At this point, hospitals are asked to verify data following the same procedure as described for the interim data.

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PART B. DATA  
2. General Definitions

Before turning to an examination of specific data elements, several basic data definitions (as contained in ***114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data***) should be noted.

Case Mix Data:

Case specific, discharge data which includes both clinical data, such as medical reason for admission, treatment, and services provided to the patient, and duration and status of the patient's stay in the hospital; and socio-demographic data, such as expected payor, sex, race, and patient zip code.

Charge Data

The full, undiscounted total and service specific charges billed by the hospital to the general public.

Ancillary Services

The service and their definitions as specified in the Commonwealth of Massachusetts **Hospital Uniform Reporting Manual** (HURM). [And as specified by the reporting codes and mapping scheme as listed in 114.1 CMR 17.06 (2) (c)]

Routine Services

The services and their definitions as specified in HURM s.3241, promulgated under 114.1 CMR 4.00. Reporting codes are defined in 114.1 CMR 17.06(2)(a) and include medical / surgical, obstetrics, and pediatrics.

Special Care Units

The units which provide patient care of a more intensive nature than provided to the usual medical, obstetric, or pediatric patient. These units are staffed with specially trained nursing personnel and contain monitoring and specialized support equipment for patients who require intense, comprehensive care.

Leave of Absence Days

The count in days of a patient's absence, with physician approval, during a hospital stay without formal discharge and readmission to the facility.

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PART B. DATA

3. General Data Caveats

The following general caveats stem from information gathered through conversations with members of the Division of Health Care Finance & Policy Case Mix Data Advisory Group, staff at the Massachusetts Hospital Association, staff at the Massachusetts Health Data Consortium (MHDC), and the numerous and various admitting, medical record, financial, administrative, and data processing personnel who call to comment upon the Division's procedural requirements.

Information may not be entirely consistent from hospital to hospital due to differences in:

- Collection and verification of patient supplied information before or at admission;
- Medical record coding, consistency, and completeness;
- Extent of hospital data processing capabilities;
- Flexibility of hospital data processing systems;
- Varying degrees of commitment to quality of merged case mix and charge data;
- Capacity of financial processing system to record late occurring charges on the Division of Health Care Finance & Policy Tape;
- Non-comparability of data collection and reporting.

**Case Mix Data**

In general terms, the case mix data, is derived from patient discharge summaries which can be traced to information gathered upon admission or from information entered by admitting and attending physicians into the medical record. The quality of case mix data is dependent upon hospital data collection policies and coding practices of the medical staff, as well as the DRG optimizing software used by the hospital.

**Charge Data**

Issues to consider with the charge data: A few hospitals do not have the capacity to add late occurring charges to the Rate Setting Commission tape within the current timeframes for submitting data. In some hospitals, "days billed" or "accommodation charges" do not equal the length of stay or the days that the patient spent in the hospital. One should note that charges are a reflection of hospital pricing strategy and may not be indicative of the cost of patient care delivery.

**Expanded Data Elements**

Care should also be used when examining data elements that have been expanded especially when analyzing multi-year trends. In order to maintain consistency across years, it may be necessary to merge some of the expended codes. For example, the Patient Disposition codes were expanded as of January 1, 1994 to include a new code for "Discharged/Transferred to a Rehab Hospital". Prior to this quarter, these discharges would have been reported under the code "Discharged/transferred to a chronic or rehab hospital" which itself was changed to "Discharged/transferred to chronic hospital". If performing an examination of these codes across years, one will need to combine the "rehab" and "chronic" codes in the data beginning January 1, 1994.

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PART B. DATA  
4. Specific Data Elements

The purpose of the following section is to provide the user with explanations of some data elements included in Regulation 114.1 CMR 17.00 and to give a sense of their reliability. Please note that this section reflects changes effective October 1, 1997 in the following areas:

**Payer Codes, Source of Admission, Accommodation Codes, and Ancillary Revenue Codes.**

**A. Existing Data Elements**

**DPH Hospital ID Number**

The Massachusetts Department of Public Health four digit number. (See Attachment IV.)

**Patient Race**

Because of misconceptions regarding the collection of race information, the Rate Setting Commission worked with the Massachusetts Commission Against Discrimination. The result was the mailing of a statement from the Massachusetts Commission Against Discrimination to all hospital administrators. This statement explained that asking for race information was strictly voluntary and was not a form of discrimination.

The accuracy of the reporting of this data element for a given hospital is difficult to ascertain; therefore the user should be aware that the distribution of patients for this data element may not represent an accurate grouping of a given hospital's population.

**Leave of Absence (LOA) Days**

Hospitals are required to report these days to the Commission if they are used. At present, the Commission is unable to verify the use of these days if they are not reported nor can the Commission verify the number reported if a hospital does provide the information. Therefore, the user should be aware that the validity of this category relies solely on the accuracy of a given hospital's reporting practices.

**Unique Health Identification Number (UHIN)**

The patient's encrypted social security number.

**Principal External Cause of Injury Code**

The ICD-9 code which categorizes the event and condition describing the principal external cause of injuries, poisonings, and adverse effects.

**Unique Physician Number (UPN)**

The encrypted Massachusetts Board of Registration in Medicine license number for the attending and operating physician.

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PART B. DATA

4. Specific Data Elements - Continued

**Payer Codes**

In 1994, payer information was been expanded to include payer type and payer source. Payer type is the general payer category such as HMO, Commercial, or Worker's Compensation. Payer Source is the specific health care coverage plan such as Harvard Community Health Plan or Aetna Life Insurance.

Effective October 1, 1997 the payer type and payer source codes were further expanded and updated in Regulation 114.1 CMR 17.00 to reflect the current industry. Payer type now includes Point-Of-Service Plan (POS) and Exclusive Provider Organization (EPO). A complete listing of the payer types and sources can be found in this manual under the Technical Documentation, Section II.

**Source of Admission**

Three new sources were added in January 1994: ambulatory surgery, observation, and extramural birth (for newborns).

Source of admission codes were expanded, effective October 1, 1997, to better define each admission source. Physician referral was further clarified as "Direct Physician Referral" (versus calling a health plan for an "HMO Referral or Direct Health Plan Referral"). "Clinic referral" was separated into "Within Hospital Clinic Referral" and "Outside Hospital Clinic Referral". Emergency room transfer was further defined as "Outside Hospital Emergency Room Transfer" and "Walk-In/Self-Referral" was added because it is a familiar situation that occurs within hospitals.

**Patient Disposition**

Six new discharge/transfer categories were added in January 1994, and October 1997.

- 1) to another type of institution for inpatient care or referred for outpatient services to another institution;
- 2) to home under care of a Home IV Drug Therapy Provider;
- 3) to rehab hospital;
- 4) to rest home.
- 5) Code 50: Discharged to hospital (added 10/1/97)
- 6) Code 51: Discharged to Hospice Medical Facility (added for 10/1/97)

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PART B. DATA

4. Specific Data Elements - Continued

**Accommodation and Ancillary Revenue Codes**

These codes have been expanded to coincide with the current UB-92 Revenue Codes.

Effective October 1, 1997, new Accommodation Revenue Codes were added for Chronic (code 192), Subacute (code 196), Transitional Care Unit (TCU) (code 197), and for Skilled Nursing Facility (SNF) (code 198).

Also effective in FY 1998, Ancillary Revenue Code 760 has been separated into individual UB-92 components, which include Treatment Room (code 761), Observation Room (code 762), and Other Observation Room (code 769). Please note that the required standard unit of service for codes 762 and 769 is “hours”.

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PART B. DATA

4. Specific Data Elements - Continued

**B. DHCFP Calculated Fields**

**Admission Sequence Number**

This calculated field indicates the chronological order of admissions for patients with multiple inpatient stays. A match with the UHIN only, is used to make the determination that a patient has had multiple stays. (Please read the comments below.)

**Days Between UHIN Stays**

This calculated field indicates the number of days between each discharge and each consecutive admission for applicable patients. Again, a match with the UHIN, only, is used to make the determination that a patient has been readmitted. (Please read the comments below.)

The DHCFP has done some analyses of the UHIN data and in the process, has discovered problems with some of the reported data. For a few hospitals, no UHIN data exists as these hospitals failed to report patients' social security numbers (SSN). Other hospitals reported the same SSN repeatedly resulting in up to 83 admissions for one UHIN in one instance. In other cases the demographic information (age, sex, etc.) was not consistent when a match did exist with the UHIN. Some explanations for this include assignment of a mother's SSN to her infant or assignment of a spouse's SSN to a patient. This demographic analysis shows a probable error rate in the range of 2%-10%.

On average, the DHCFP found that 91% of the SSN's submitted are valid when edited for compliance with rules issued by the Social Security Administration. Staff continually monitor the encryption process to ensure that duplicate UHINs are not inappropriately generated and that recurring SSN's consistently encrypt to the same UHIN. Only valid SSN's are encrypted to a UHIN; invalid SSN's are set to "-----".

**Based on these findings, the DHCFP strongly suggests that users perform some qualitative checks of the data prior to drawing conclusions about that data.**

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PART B. DATA

5. Special DHCFP Data Element Review

**E-Codes**

Many hospitals and injury prevention professionals have expressed an interest in the quality of hospital E-Code reporting to the Division since it has a direct impact on injury prevention professionals' ability to carry out research, planning, and evaluation. State agencies such as the Department of Public Health (DPH) rely heavily on the E-Code Case Mix Data for statewide injury prevention activities. E-Codes, stating how and where the patient's injury occurred, are essential to ensure a total patient profile, thus allowing quality research and development of injury prevention programs in Massachusetts.

In FY1997, the Division accomplished review of hospital's reported Case Mix E-Code data in a joint effort with the Department of Public Health. As you know, the Division of Health Care Finance & Policy (DHCFP) required Case Mix Data reporting of the Principal External Cause of Injury code (E-Code) in January 1994. This review encompasses the first full fiscal year (FY95) of Case Mix data since the E-Code mandate was implemented. We are happy to share the results of this information with you.

It is truly noteworthy that within one year after the mandate went into effect, nearly all hospitals provided E-Codes in over 97% of hospitalizations where injury was the principal diagnosis. The statewide rates in 1995 were double the rate from 1993 (49%), the year prior to the E-Code mandate. The statewide E-Code rate for fiscal year 1995 was 97.6%. Because the basis of effective injury prevention is accurate data, we will look forward to hospitals attaining a statewide goal of 100% E-coding for all injuries in the future.

We thank hospitals and their staff for diligent efforts to report E-coded data.

**Payer Source Codes**

In FY 1997, the Division of Health Care Finance and Policy also accomplished a comprehensive study focusing on analysis of the source of payment reported in the hospital case mix data. The Division initiated this study in response to the strong interest of many hospitals and DHCFP Case Mix data users in receiving feedback on the quality



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PART B. DATA

5. Special DHCFP Data Element Review

**Payer Source Codes** - *Continued*

and reliability of the reported data for this newly added source of payment field. The source of payment was added to DHCFP Case Mix Data in 1994 expanding the level of payer detail captured from the general ‘payer type’ to the specific insurer plan. Accuracy for this study was measured by comparing the reported DHCFP Case Mix payer source data to the most current available claims information from participating insurers, including Fallon, Harvard, DMA (Medicaid).

Hospitals’ diligent efforts concerning quality reporting of payer source information were evident. The Case Mix Payer Validation Project’s findings demonstrated substantial accuracy and consistent precision in reporting of the case mix payer source for payers under study. Overall the reported case mix payer source data proved to be quite accurate.

The overwhelming majority of case mix payer source discharges for participating insurers were either precisely reported with the specific payer’s exact payer source, or were not precise but were accurately identified with the specific payer. And only 2% (on average) could not be associated with the participating payers because they were too general. These ‘general’ payer sources were largely composed discharges reported using catch-all payer sources such as “other” or “Medicare HMO” versus the specific plan name.

Most of these cases that were not precise but were accurately identified entailed hospital’s reporting the payer’s most common plan or HMO instead of the actual plan or by using the Primary and Secondary Payer sources. For example, regular Fallon HMO was reported instead of Fallon’s Senior Plan. And, Medicaid Managed Care patients were reported as having regular Medicaid, or had the private carrier recorded as the primary payer source and Medicaid as the Secondary payer source. Instead, the precise Medicaid Managed Care payer source codes (codes 104-118) should have been reported.

Some of the imprecisely reported payer sources and use of the “other” categories were a result of the unavailability of specific payer sources used for hospital reporting, in particular for new insurer plans. As a direct result of the analysis, payer codes were extensively revised and expanded. We expect that the payer source data should become even more accurate with hospital use of the new payer code choices, effective for hospital reporting on October 1, 1997.

## **PART C. HOSPITAL RESPONSES**

1. Summary of Hospitals' FY1999 Verification Report Responses
2. Summary of Reported Discrepancies by Category
3. Data Discrepancies and Correction Responses Received from Hospitals

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PART C. HOSPITAL RESPONSES

1. Summary of Hospitals' Verification Report Responses

ID	Hospital Name	'A'	'B'	None	Comments
2006	Anna Jaques	X			
2226	Athol Memorial	X			
2073	Atlanticare Medical Ctr.	X			
2339	Baystate Medical Center	X			
2313	Berkshire Medical Ctr. – Berkshire Campus		X		Explanation Received
2231	Berkshire Medical Ctr. – Hillcrest Campus		X		Explanation Received
2069	Beth Israel Deaconess Medical Center		X		Explanation Received
2307	Boston Medical Ctr-BCH & University	X			
2060	Boston Regional Medical Center				Cautionary Use File – Hospital now closed
2921	Brigham & Women's	X			
2118	Brockton Hospital		X		Explanation received
2108	Cambridge Health Alliance – Cambridge Hospital Campus	X			
2001	Cambridge Health Alliance – Somerville	X			
2135	Cape Cod Health Systems – Cape Cod	X			
2289	Cape Cod – Falmouth	X			
2114	Caritas Norwood	X			
2856	Caritas Southwood	X			
2003	Carney Hospital	X			
2139	Children's Medical Ctr.		X		Explanation pending
2126	Clinton Hospital	X			
2020	Columbia MetroWest – Framingham Campus	X			
2039	Columbia MetroWest – Natick Campus	X			
2155	Cooley Dickinson	X			
2335	Dana Farber Cancer	X			
2054	Deaconess-Glover	X			
2298	Deaconess-Nashoba	X			
2067	Deaconess-Waltham	X			
2018	Emerson Hospital	X			

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PART C. HOSPITAL RESPONSES

1. Summary of Hospitals' Verification Report Responses

DPH #	Hospital Name	'A'	'B'	None	Comments
2052	Fairview Hospital		X		Explanation received
2048	Faulkner Hospital		X		Explanation received
2120	Franklin Medical	X			
2101	Good Samaritan Medical Center	X			
2038	Hallmark Health Care – Lawrence	X			
2041	Hallmark Health Care – Malden	X			
2058	Hallmark Health Care – Melrose Wakefield	X			
2046	Hallmark Health Care – Whidden	X			
2143	Harrington Hospital		X		Explanation received
2131	Haverhill Hospital	X			
2034	Health Alliance – Burbank & Leominster Campuses	X			
2036	Heywood Hospital	X			
2225	Holy Family	X			
2145	Holyoke Hospital	X			
2157	Hubbard Regional	X			
2082	Jordan Hospital	X			
2033	Lahey Clinic Hospital	X			
2099	Lawrence General	X			
2040	Lowell General	X			
2103	Marlborough	X			
2042	Martha's Vineyard	X			
2148	Mary Lane	X			
2167	Mass. Eye & Ear		X		Explanation received
2168	Mass. General Hospital	X			
2089	Med. Ctr. At Symmes				Cautionary Use File – Hospital now closed
2149	Mercy Hospital	X			
2105	Milford-Whitinsville	X			
2227	Milton Hospital		X		Explanation received
2022	Morton	X			
2071	Mt. Auburn	X			
2044	Nantucket Cottage		X		Explanation received
2059	N. E. Baptist	X			
2299	N.E. Medical Center	X			

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PART C. HOSPITAL RESPONSES

1. Summary of Hospitals' Verification Report Responses

DPH #	Hospital Name	'A'	'B'	None	Comments
2075	Newton-Wellesley	X			
2076	Noble Hospital	X			
2061	North Adams Regional	X			
2016	Northeast Health Syst. – Addison Gilbert	X			
2007	Northeast Health Syst. – Beverly Hospital	X			
2014	North Shore Medical Center & Salem Hosp.	X			
2150	Providence Hospital		X		Explanation received
2151	Quincy Hospital	X			
2063	Saints Memorial Med. Ctr.	X			
2337	Southcoast – Charlton	X			
2010	Southcoast – St. Luke's	X			
2106	Southcoast – Tobey	X			
2107	South Shore Hospital		X		Explanation received
2011	St. Anne's	X			
2085	St. Elizabeth's	X			
2128	St. Vincent	X			
2100	Sturdy Memorial	X			
2841	UMass. Memorial Health Care (University Campus)	X			
2077	UMass. Memorial Health Care Memorial	X			
2091	Vencor – Boston			N/A	Unable to verify data due to use of a different grouper
2171	Vencor – North Shore			N/A	Unable to verify data due to use of a different grouper
2094	Winchester	X			
2181	Wing Memorial	X			

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PART C. HOSPITAL RESPONSES

2. Summary of Reported Discrepancies by Category

LIST OF ERROR CATEGORIES

- Type of Admission
- Source of Admission
- Age
- Sex
- Race
- Payer
- Length of Stay
- Disposition
- Number of Diagnosis Codes Used Per Patient
- Month of Discharge
- DRGs
- Number of Procedure Codes Used Per Patient
- Accommodation Charges
- Ancillary Charges
- Top 20 Principle ECODES
- Top 20 DRGs/Rank Order
- Number of Discharges
- Top 20 MDCs/Rank Order

General Documentation  
FY1999 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

2. Summary of Reported Discrepancies by Category

Hospital	Type of Admission	Source of Admission	Age	Sex	Race	Payer
Berkshire Medical Center	X	X	X	X	X	X
BI/Deaconess Medical Center	X	X	X	X	X	X
Hillcrest Hospital	X	X	X	X	X	X
Fairview Hospital	X	X	X	X	X	X
Faulkner Hospital	X	X	X	X	X	X
Nantucket Cottage Hospital	X		X	X	X	
Harrington Hospital		X				
Providence Hospital	X	X	X	X	X	X
South Shore Hospital	X	X	X	X	X	X

Hospital	Length of Stay	Disposition	# Diag. Codes	Month of Discharge	DRGs	# Proc. Codes
Berkshire Medical Center	X	X	X	X	X	X
BI/Deaconess Medical Center	X	X	X	X	X	X
Brockton Hospital					X	
Hillcrest Hospital	X	X	X	X	X	X
Fairview Hospital	X	X	X	X	X	X
Faulkner Hospital	X	X	X	X	X	X
Mass. Eye & Ear Infirmary		X				
Milton Hospital			X			X
Nantucket Cottage Hospital		X		X		
Providence Hospital	X	X	X	X	X	X
South Shore Hospital	X	X	X	X	X	X

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PART C. HOSPITAL RESPONSES

2. Summary of Reported Discrepancies by Category

<b>Hospital</b>	<b>Accommodation Charges</b>	<b>Ancillary Charges</b>	<b>Top 20 ECodes</b>	<b>Top 20 DRGs</b>	<b># of Discharges</b>	<b>Top 20 MDCs</b>
BI/Deaconess	X	X				
Brockton Hospital						
Berkshire Med. Ctr.	X	X	X	X	X	X
Hillcrest Hospital	X	X	X	X	X	X
Fairview Hospital	X	X	X	X	X	X
Faulkner Hospital	X	X	X	X	X	X
Nantucket Cottage Hospital			X	X		
Providence Hospital	X	X	X	X	X	
South Shore Hospital	X	X	X	X	X	X



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PART C. HOSPITAL RESPONSES

3. Data Discrepancies and Correction Responses Received from Hospitals

Hospital Index

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Nantucket Cottage Hospital	45
Providence Hospital	49
Harrington Hospital	50
South Shore Hospital	51

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PART C. HOSPITAL RESPONSES

3. Data Discrepancies and Correction Responses Received from Hospitals

**CHILDREN'S HOSPITAL**

Children's Hospital reported discrepancies in the area of # of Discharges. The hospital provided the following explanation.

With regard to the FY1999 Final Casemix Verification Report Response Form, we noted that the number of discharges was discrepant from our internal casemix files. Upon review we have discovered that inpatient encounters/accounts that were placed in a bad debt status during the fiscal year were not included in the data extract process due to a programming oversight.

We would like to resubmit our FY1999 inpatient files in order to have a more accurate profile of our inpatient population on file. We are ready to resubmit at your discretion.

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FY1999 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

3. Data Discrepancies and Correction Responses Received from Hospitals

**FAULKNER HOSPITAL**

Faulkner Hospital reported discrepancies in the following categories:

Admission Type  
Admission Source  
Age Categories  
Patient Sex  
Patient Race  
Payer  
Length of Stay  
Patient Disposition  
Number of Diagnosis Codes per Patient  
Month of Discharge  
DRGs  
Number of Procedure Codes per Patient  
Top 20 DRGs listed in Rank Order  
Number of Discharges  
Top MDCs Listed in Rank Order – Including DRGs 468-470

Please refer to the following documentation.

General Documentation  
FY1999 Inpatient Hospital Discharge Database

<b>FAULKNER HOSPITAL</b>		
<b>Category</b>	<b>DHCFP DATA</b>	<b>Hospital Corrections</b>
<b>Admit Type</b>		
Emergency	5029	5030
Total	6004	6005
<b>Admit Source</b>		
Observation	360	361
Total	6004	6005
<b>Age Categories</b>		
21-44	1322	1324
45-64	1467	1466
70-74	586	585
>= 85	851	852
Total	6004	6005
<b>Patient Sex</b>		
Female	3309	3307
Male	2694	2698
Total	6004	6005
<b>Patient Race</b>		
White	2818	2820
Other	18	17
Unknown	52	51

General Documentation  
FY1999 Inpatient Hospital Discharge Database

<b>FAULKNER HOSPITAL</b>		
<b>Category</b>	<b>DHCFP DATA</b>	<b>Hospital Corrections</b>
<b>Payor</b>		
Self Pay	117	143
Medicare	2607	2610
Medicaid	87	88
Blue Cross	277	276
Commercial Insurance	292	288
HMO	1477	1472
Free Care	86	91
Medicaid Managed Care	109	88
Commercial Managed Care	23	24
Blue Cross Managed Care	141	140
PPO&Other Managed Care	143	142
Total	6004	6005
<b>Length of Stay</b>		
>=	156	157
Total	6004	6005
<b>Patient Disposition</b>		
SNF	1029	1030
Total	6004	6005
<b>Number of Diagnosis Codes per Patient</b>		
2 Diagnoses	742	728
3 Diagnoses	912	907
4 Diagnoses	881	880
5 Diagnoses	823	813
6 Diagnoses	641	656
7 Diagnoses	537	539
8 Diagnoses	418	411
9 Diagnoses	642	664
Total	6004	6005
<b>Number Procedure Codes</b>		
Zero Procedure	1717	1719
One Procedure	2212	2214
Three Procedures	552	551
Five Procedures	121	122
Eleven Procedures	3	4
Total	6004	6005

General Documentation  
FY1999 Inpatient Hospital Discharge Database

<b>FAULKNER HOSPITAL</b>		
<b>Category</b>	<b>DHCFP DATA</b>	<b>Hospital Corrections</b>
<b>Discharge Month</b>		
August	508	509
Total	6004	6005
<b>DRG Listing (AP Version 8.1)</b>		
DRG 14	61	62
15	28	27
24	34	33
66	2	3
79	62	63
89	145	144
116	18	19
122	48	47
124	64	65
127	185	183
138	68	67
178	1	0
197	47	48
225	24	25
231	7	6
233	3	4
296	47	48
395	16	17
423	2	3
444	2	1
468	27	26
470	1	0
544	33	24
556	5	6
574	8	7
578	11	12
Total	949	950
<b>DRG Listing (All Patient V12.0)</b>	Version not available for verification	
<b>List of Top 20 ECODES</b>	Not able to verify	

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<b>FAULKNER HOSPITAL</b>		
<b>Category</b>	<b>DHCFP DATA</b>	<b>Hospital Corrections</b>
<b>Top 20 DRGs With Most Total Discharges</b>		
127	185	183
89	145	144
138	68	67
124	64	65
<b>MDCs Listed / Rank Order Including DRG 468-470</b>		
5	1042	1041
6	638	637
8	543	544
7	256	257
1	240	239
10	165	166
18	117	118
17	58	59
21	53	52
0 (DRG 470)	1	0
<b>MDCs Listed / Rank Order Excluding DRG 468-470</b>		
5	1037	1036
6	629	628
8	542	543
7	255	257
1	235	234
10	162	163
18	117	118
17	58	59
21	53	52
3	33	34
0 (DRG 470)	1	0

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PART C. HOSPITAL RESPONSES

3. Data Discrepancies and Correction Responses Received from Hospitals

**BERKSHIRE MEDICAL CENTER, HILLCREST & FAIRVIEW HOSPITALS**

Berkshire Medical Center, as well as Hillcrest and Fairview Hospitals reported numerous discrepancies in all categories of data due to a variance in the total number of discharges.

Berkshire Medical Center discovered that they had reported 261 more discharges than their actual patient census indicated, while Hillcrest reported 15 less discharges, and Fairview 62 less.

Please refer to the text of the letter received from the hospital below:

February 14, 1999

This is to let you know that Berkshire Medical Center has reported 261 more Inpatient cases (a 2% variance) to the Division of Health Care Finance and Policy than the actual census. The variance is due to the fact that the erroneous records are currently considered Observation cases.

Hillcrest Hospital reported 15 less Inpatient cases (a 1% variance) to the Division. Also, Fairview Hospital reported 62 less Inpatient cases (a 4% variance). Both of these variances are due to the fact that these patients were considered Outpatient discharges when we created the file for the Division, but now they are regarded as Inpatient discharges.

Obviously, all of the other totals are off.



General Documentation  
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PART C. HOSPITAL RESPONSES

3. Data Discrepancies and Correction Responses Received from Hospitals

**BETH ISRAEL / DEACONESS MEDICAL CENTER**

Beth Israel / Deaconess Medical Center did not include 1 discharge in their fourth quarter case-mix data due to the limited field length for total ancillary charges. As a result, their data is incomplete in all of the other data categories listed on the response form. See enclosed documentation for the missing data on this discharge.

Text of letter from hospital dated April 28, 2000:

Please be aware that we intend to resubmit our data for FY1999. We have noticed two problems in our quarterly submissions.

The first was that we had been incorrectly identifying Medicare as both primary and secondary payer. To separate professional fees from all other charges, we claim these types of charges to two different plan numbers for the same payer. In such cases, our extract should have ignored the second payer number and look for a third number, if one exists.

The second problem was that we have included palliative and transitional cases. We have incorporated additional filters to ensure that all such cases are excluded.

As stated in our February 3, 2000 letter, we are excluding a patient whose total charges exceeds the field size on the extract file.

Text of letter from hospital dated April 28, 2000

Per your instructions, this letter accompanies Beth Israel Deaconess Medical Center's case mix and charge data for the fourth quarter of fiscal year 1999. As you suggested, we have excluded a patient who had incurred charges of \$1,029,274 for ancillary services.

The fields specified for the patient level total charges are limited to six digits. The field size causes our addition to drop the higher order digit for this particular patient. As a result, our hospital totals become inaccurate.

Enclosed is information on the patient including demographic data, detailed and total charges, and service related specifics.

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**Beth Israel Deaconess Medical Center – FY1999 Documentation**

Demographics:

Item	Value	Description
Sex	F	Female
Race	6	Other
Date of Birth	1/1/1940	
Marital Status	M	Married
Admit Type	3	Elective
Admit Source	1	Direct Physician Referral
Patient Zip	77777	
Admit Date	8/3/1998	
Discharge Date	7/31/1999	
Veteran Status	2	No
Primary Payer Source	147	Other Commercial (not listed elsewhere)
Patient Status	02	Discharged / Transferred to another short term general hospital
Primary Payer Type	7	Commercial Insurance
Social Security Number	000000001	Unknown
Secondary Payer Type	1	Self Pay
Secondary Payer Source	145	Self pay

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**Beth Israel Deaconess Medical Center – FY1999 Documentation**

Charges:

Revenue Code	Units	Total Charge
<b>Accommodations</b>		
200	00006	012400
210	00184	382000
<b>Ancillary</b>		
230	00053	006298
250	00885	181468
260	00241	008351
270	00694	086205
300	05004	209300
310	00022	002489
320	00159	068568
340	00014	012670
350	00026	034030
360	00029	122215
370	00017	021598
390	00223	042311
400	00008	002998
410	00483	094103
420	00255	018106
430	00187	014358
460	00018	001803
480	00012	005461
510	00002	000428
610	00008	013166
710	00013	007873
730	00046	005010
740	00004	002539
750	00004	004356
761	00003	001154
800	00056	057803
920	00010	004613

SPECIAL SERVICES TOTAL CHARGES:	394,400
ROUTINE SERVICES TOTAL CHARGES:	0
TOTAL CHARGES ANCILLARIES:	1,029,274
TOTAL CHARGES (ALL CHARGES):	1,423,674

General Documentation  
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**Beth Israel Deaconess Medical Center – FY1999 Documentation**

Diagnoses:

250.60  
536.3  
440.24  
996.62  
998.3  
996.73  
998.59  
996.52  
730.28

Procedures:

Procedure	Date
39.29	9/3/1998
86.22	9/3/1998
31.29	6/21/1999
39.50	
38.95	
83.45	
77.69	
86.74	
83.79	

Attending Physician Number 11476 / License 39049  
Operating Physician Number 02284 / License 34791

General Documentation  
FY1999 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

3. Data Discrepancies and Correction Responses Received from Hospitals

**BROCKTON HOSPITAL**

Brockton Hospital reported a significant discrepancy in DRG listings for versions 8 and 12 groupers. Please see the text of the letter received from the hospital as follows:

Text of Brockton Hospital Letter – February 17, 2000

After review of the data sent regarding all four quarters of FY 1999, all data is complete and accurate with the exception of one area. There was a fairly significant discrepancy with the number of discharges with regard to DRG listings, in both version 8 and version 12 groupers.

I have met with other associates in our Information Systems Department and we concluded that the information may have been accurate at the time of submission, however, since then patient bills and information may have been updated and/or corrected. The number of discharges in total ties out, however, per DRG, there is a discrepancy and therefore I have requested a re-submission of a new tape.

I have sent word to Jacqueline Maher in our Information Systems department informing her that she will need to resubmit the data from Quarter 1 through Quarter 4 for FY1999. She has mentioned that she will be getting in touch with you personally.

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PART C. HOSPITAL RESPONSES

3. Data Discrepancies and Correction Responses Received from Hospitals

**MILTON HOSPITAL**

Milton Hospital found multiple discrepancies between their current data and DHCFP data on file regarding the number of Diagnosis Codes per Patient and the number of Operative Procedure Codes per patient. Please see the submitted documentation which follows.

<b>MILTON HOSPITAL</b>		
<b>Category</b>	<b>DHCFP DATA</b>	<b>Hospital Corrections</b>
<b>Number of Diagnosis Codes per Patient</b>		
1 Diagnoses	254	242
2 Diagnoses	407	382
3 Diagnoses	534	517
4 Diagnoses	600	564
5 Diagnoses	622	614
6 Diagnoses	593	581
7 Diagnoses	450	472
8 Diagnoses	356	350
9 Diagnoses	704	798
10 Diagnoses	0	0
11 Diagnoses	0	0
12 Diagnoses	0	0
13 Diagnoses	0	0
14 Diagnoses	0	0
15 Diagnoses	0	0
16 Diagnoses	0	0
17 Diagnoses	0	0
18 Diagnoses	0	0
20 Diagnoses	0	0
21 Diagnoses	0	0
Total	4,520	4520

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<b>MILTON HOSPITAL</b>		
<b>Category</b>	<b>DHCFP DATA</b>	<b>Hospital Corrections</b>
<b>Number Of Operative Procedure Codes Per Patient</b>		
Zero Operative Codes	2,435	2,436
One Operative Code	1,137	1,161
Two Operative Codes	541	534
Three Operative Codes	253	249
Four Operative Codes	85	83
Five Operative Codes	37	30
Six Operative Codes	16	11
Seven Operative Codes	6	6
Eight Operative Codes	4	4
Nine Operative Codes	1	4
Ten Operative Codes	3	1
Eleven Operative Codes	1	0
Fifteen Operative Codes	1	1
Total	4,520	4,520

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FY1999 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

3. Data Discrepancies and Correction Responses Received from Hospitals

**MASSACHUSETTS EYE & EAR INFIRMARY**

The Massachusetts Eye & Ear Infirmary found discrepancies with their patient discharge disposition status category, as compared with DHCFP data on file for FY1999. Please see the text of the hospital's letter of explanation.

Massachusetts Eye & Ear Infirmary Letter - March 15, 2000

Enclosed are the FY99 Outpatient Observation Profile Report and FY99 Final Casemix Verification Report Response Forms for the Massachusetts Eye & Ear Infirmary. The information submitted is substantially correct with the exception of the discharge status for inpatients. MEEI reported out a total of 4 cases with a discharge status of Expired. Only one patient expired during this Fiscal Year. Please make the following corrections:

Period:	Discharged To:
10/1/98 – 3/31/99	Home = 905 Expired = 0
4/1/99 – 6/30/99	Home = 506 Expired = 1

The necessary corrections have been made.



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FY1999 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

3. Data Discrepancies and Correction Responses Received from Hospitals

**NANTUCKET COTTAGE HOSPITAL**

Nantucket Cottage Hospital reported numerous discrepancies with their data, and submitted various revised Verification Report schedules.

NANTUCKET COTTAGE HOSPITAL				
<b>Admission Type</b>	10/1/98 – 3/31/99	4/1/99 – 6/30/99	7/1/99 – 9/30/99	Total
Emergency	7	10	3	20
Urgent	205	118	152	475
Elective	27	13	13	53
Newborn	41	25	17	83
Total	280	166	185	631

NANTUCKET COTTAGE HOSPITAL				
<b>Admission Source</b>	10/1/98 – 3/31/99	4/1/99 – 6/30/99	7/1/99 – 9/30/99	Total
Newborn	37	24	26	87
Direct Phys Referral	218	133	170	521
Outside Hosp ER Transfer	11	2	3	16
Total	262	155	196	613

General Documentation  
FY1999 Inpatient Hospital Discharge Database

NANTUCKET COTTAGE HOSPITAL				
Age Categories	10/1/98 – 3/31/99	4/1/99 – 6/30/99	7/1/99 – 9/30/99	Total
0-14	42	25	34	101
15-20	4	2	9	15
21-44	58	47	55	160
45-64	43	16	32	91
65-69	22	7	7	36
70-74	23	14	7	44
75-84	50	36	23	109
>=85	35	16	12	63
Total	290	203	138	631

NANTUCKET COTTAGE HOSPITAL				
Patient Sex	10/1/98 – 3/31/99	4/1/99 – 6/30/99	7/1/99 – 9/30/99	Total
Female	160	92	119	371
Male	108	68	84	260
Total	268	160	203	631

NANTUCKET COTTAGE HOSPITAL				
	10/1/98 – 3/31/99	4/1/99 – 6/30/99	7/1/99 – 9/30/99	Total
White	230	147	195	572
Black	10	8	3	21
Other	2	0	0	2
Unknown	18	5	5	28
Asian	4	0	0	4
Hispanic	4	0	0	4
Total	268	160	203	631

General Documentation  
FY1999 Inpatient Hospital Discharge Database

NANTUCKET COTTAGE HOSPITAL				
<b>Patient Disposition</b>	10/1/98 – 3/31/99	4/1/99 – 6/30/99	7/1/99 – 9/30/99	Total
Home	196	111	161	468
Acute Care	12	16	20	48
SNF	15	9	2	26
Other Agency	1	1	1	3
Home/Health Agency	22	11	10	43
Left Against Advice	1	3	3	7
Psych	1	0	2	3
Rehab	2	4	2	8
Expired	18	6	2	25
Total	268	160	203	631

NANTUCKET COTTAGE HOSPITAL	
<b>Discharge Month</b>	
October	46
November	47
December	45
January	45
February	39
March	46
April	48
May	41
June	71
July 1999	84
August 1999	54
September 1999	65
Total	631

General Documentation  
FY1999 Inpatient Hospital Discharge Database

NANTUCKET COTTAGE HOSPITAL	
DRG NO.	# of Discharges
629	72
373	58
89	32
88	27
143	24
127	24
183	17
372	6
371	14
750	13
140	10
751	14
139	9
182	9
14	9
167	8
416	9
423	8
467	8
97	6

General Documentation  
FY1999 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

3. Data Discrepancies and Correction Responses Received from Hospitals

**PROVIDENCE HOSPITAL**

Providence Hospital reported that they had 151 discharges not reported to DHCFP. The hospital submitted the following internal report (recreated) as documentation.

Providence Hospital  
Medical Records  
Division of Health Care Finance & Policy  
Verification Report for Admission Type

Cols 1- 4 of 4  
Rows 1- 3 of 3

“Dsch Date”					
Cnt	“Pt No”	10/1/98 – 3/31/99	4/1/99 – 6/30/99	7/1/99 – 9/30/99	Totals
R		2	0	0	2
U		1686	834	881	3401
	Totals	1688	834	881	3403

April 28, 2000

To: Steve Lazar – Division of Health Care Finance & Policy

From: Kimberly Hamdani – Director Medical Records, Providence Hospital

See above internal document reported from our hospital information system and utilized to verify casemix reports from your agency. While the figures for 10/1/98 thru 3/31/99 and 7/1/99 – 9/30/99 match exactly, there is a discrepancy in the figures reported for 4/1/99 – 6/30/99. This means that 151 fewer discharges were reported for this time period than actually occurred. I do not know at this point how this occurred, except to say that the figures listed here are accurate.

If you would need a new data submission for this time period to correct all the other categories that flow from this, please let me know.

General Documentation  
FY1999 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

3. Data Discrepancies and Correction Responses Received from Hospitals

**HARRINGTON HOSPITAL**

Harrington Hospital reported discrepancies with regard to their Source of Admission data. See text of attached letter of explanation.

Harrington Hospital Letter – February 10, 2000

I find only one major discrepancy in the FY99 final Casemix Verification Report submitted to Harrington Memorial Hospital. This discrepancy is found in the Admission Source Frequency Report. The report shows a total of 1358 patients were admitted from a source “Outside Hospital ER Transfer”, while our records indicate that these patients were admitted from a source of “Within Hospital ER Transfer”.

General Documentation  
FY1999 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

3. Data Discrepancies and Correction Responses Received from Hospitals

**SOUTH SHORE HOSPITAL**

South Shore Hospital reported that they had 501 discharges not reported to DHCFP. The hospital is currently researching the cause of this disparity. As a result, all of their data fields were unable to be verified.

The hospital submitted the following statement:

The data for South Shore Hospital is missing 501 discharges. The missing patients were not identified in time to resubmit the data. The problem has been resolved and future year's data will be complete.

General Documentation  
FY1999 Inpatient Hospital Discharge Database

**PART D. CAUTIONARY USE FILE**



General Documentation  
FY1999 Inpatient Hospital Discharge Database

**Part D. Cautionary Use File**

This file contains data from those hospitals for which DHCFP does not have four (4) quarters of acceptable data, as specified under Regulation 114.1 CMR 17.00. For FY1999, two (2) hospitals are included in the Cautionary Use file because they closed. They include:

**Boston Regional Medical Center (DPH ID 2060)**

This hospital submitted a tape for the first quarter, which failed. They subsequently closed.

**Medical Center at Symmes (DPH ID 2089)**

This hospital submitted acceptable case mix data tapes for 3 quarters, and then closed.

General Documentation  
FY1999 Inpatient Hospital Discharge Database

**PART E. HOSPITALS NOT SUBMITTING  
DATA FOR FY 1999**

General Documentation  
FY1999 Inpatient Hospital Discharge Database

**PART E. HOSPITALS NOT SUBMITTING DATA FOR FY1999**

The Division is pleased to report that all Massachusetts acute-care hospitals reported case mix and charge data for fiscal year 1999.

General Documentation  
FY1999 Inpatient Hospital Discharge Database

**PART F. SUPPLEMENTARY INFORMATION**

Supplement I – Type A Errors & Type B Errors

Supplement II – Content of Hospital Verification Report Package

Supplement III – Profile: Hospital, Address, DPH Hospital ID Number

Supplement IV – Mergers, Name Changes, Closures & Conversions

General Documentation  
FY1999 Inpatient Hospital Discharge Database  
Supplement I – Type A Errors & Type B Errors

TYPE 'A' ERRORS

Record Type  
Submitter Name  
Receiver ID  
DPH Hospital Computer Number  
Type of Batch  
Period Starting Date  
Period Ending Date  
Patient Medical Record Number  
Patient Sex  
Patient Birth Date  
Patient Over 100 Years Old  
Admission Date  
Discharge Date  
Primary Source of Payment  
Patient Status  
Billing Number  
Primary Payor Type  
Claim Certificate Number  
Secondary Payor Type  
Revenue Code  
Units of Service  
Total Charges (by Revenue Code)  
Principal Diagnosis Code  
Associate Diagnosis Code (I-IV)  
Principal Procedure Code  
Significant Procedure Codes (I-II)  
Number of ANDs  
Physical Record Count  
Record Type 2x Count  
Record Type 3x Count  
Record Type 4x Count  
Record Type 5x Count  
Total Charges: Special Services  
Total Charges: Routine Services  
Total Charges: Accommodations  
Total Charges: Ancillaries  
Total Charges: All Charges  
Number of Discharges  
Submitter Employer Identification Number (EIN)  
Number of Providers on Tape  
Count of Batches  
Batch Counts (11, 22, 33, 99)

General Documentation  
FY1999 Inpatient Hospital Discharge Database

Supplement I – Type A Errors & Type B Errors - Continued

TYPE B ERRORS

Patient Race

Type of Admission

Source of Admission

Patient Zip Code

Veteran Status

Patient Social Security Number

Birth Weight – Grams

Employer Zip Code

External Cause of Injury Code

Attending Physician Numbers (Hospital's Internal Number and Board of Registration in Medicine No.)

Operating Physician Numbers (Hospital's Internal Number and Board of Registration in Medicine No.)

Date of Principal Procedure

Date of Significant Procedures (I & II)

General Documentation  
FY1999 Inpatient Hospital Discharge Database

Supplement II

Contents of Hospital Verification Report Package

- Seven Page Frequency Distribution Report containing the following data elements:

- Type of Admission
- Source of Admission
- Age
- Sex
- Race
- Payor
- Length of Stay
- Disposition Status
- Number of Diagnosis Codes Used per Patient
- Month of Discharge
- \*DRGs
- Number of Procedure Codes Used per Patient
- Accommodation Charge Information
- Ancillary Charge Information
- Top 20 Principle E Codes
- 20 DRGs With Most Total Discharges
- MDCs Listed in Rank Order Including DRG (468-470)
- MDCs Listed in Rank Order Excluding DRG (468-470)

- Verification Response Sheet: Completed by hospitals after data verification and returned to the Division of Health Care Finance and Policy.

NOTE: Hospital discharges were grouped with both All-Patient-DRG Groupers, Version 8.1 and Version 12.0. A discharge report showing counts by DRG for both groupers was supplied to hospitals for verification. Any discrepancies are documented in Part C.

General Documentation  
FY1999 Inpatient Hospital Discharge Database

Supplement III. Profile: Hospital, Address, DPH ID Number

Anna Jaques Hospital  
25 Highland Avenue  
Newburyport, MA 01950  
DPH ID #: 2006

Athol Memorial Center  
2033 Main Street  
Athol, MA 01331  
DPH ID #: 2226

AtlantiCare Medical Center  
212 Boston Road  
Lynn, MA 01904  
DPH ID #: 2073

Baystate Medical Center, Inc.  
759 Chestnut Street  
Springfield, MA 01199  
DPH ID #: 2339

Berkshire Health Systems – Berkshire Medical Center Campus  
725 North Street  
Pittsfield, MA 01201  
DPH ID #: 2313

Berkshire Health Systems - Hillcrest Campus  
165 Tor Court  
Pittsfield, MA 01201  
DPH ID #: 2231

Beth Israel Deaconess Medical Center  
East & West Campus  
330 Brookline Avenue  
Boston, MA 02215  
DPH ID #: 2069

Boston Medical Center  
88 East Newton Street  
Boston, MA 02118  
DPH ID #: 2307

Boston Regional Medical Center (closed during FY99)  
5 Woodland Road  
Stoneham, MA 02180  
DPH ID #: 2060



General Documentation  
FY1999 Inpatient Hospital Discharge Database

Supplement III – Profile: Hospital, Address, DPH Number

Brigham & Women's Hospital  
10 Vining Street  
Boston, MA 02115  
DPH ID #: 2921

Brockton Hospital  
680 Centre Street  
Brockton, MA 02402  
DPH ID #: 2118

Cambridge Health Alliance – Cambridge Hospital Campus  
1493 Cambridge Street  
Cambridge, MA 02139  
DPH ID #: 2108

Cambridge Health Alliance - Somerville Hospital Campus  
63 Beacon Street  
Somerville, MA 02143  
DPH ID #: 2001

Cape Cod Health Systems – Cape Cod  
27 Park Street  
Hyannis, MA 02601  
DPH ID #: 2135

Cape Cod Health Systems – Falmouth  
100 Ter Heun Drive  
Falmouth, MA 02540  
DPH ID #: 2289

Caritas Norwood Hospital  
800 Washington Street  
Norwood, MA 02062  
DPH ID #: 2114

Caritas Southwood Hospital  
111 Dedham Street  
Norfolk, MA 02056  
DPH ID #: 2856

Carney Hospital  
2100 Dorchester Avenue  
Boston, MA 02124  
DPH ID #: 2003

Children's Medical Center  
300 Longwood Avenue  
Boston, MA 02115 - DPH ID #: 2139

General Documentation  
FY1999 Inpatient Hospital Discharge Database  
Supplement III – Profile: Hospital, Address, DPH Number

Clinton Hospital  
201 Highland Street  
Clinton, MA 01510  
DPH ID #: 2126

Columbia MetroWest Medical Center, Inc. – Framingham Campus  
280 Irving Street  
Framingham, MA 01702  
DPH ID #: 2020

Columbia MetroWest Medical Center – Natick Campus  
67 Union Street  
Natick, MA 01760  
DPH ID #: 2039

Cooley Dickinson Hospital, Inc.  
30 Locust Street  
Northhampton, MA 01061-5001  
DPH ID #: 2155

Dana Farber Cancer Institute  
44 Binney Street  
Boston, MA 02115-6084  
DPH ID #: 2335

Deaconess-Glover Hospital  
148 Chestnut Street  
Needham, MA 02192  
DPH ID #: 2054

Deaconess-Nashoba Hospital  
200 Groton Road  
Ayer, MA 01432  
DPH ID #: 2298

Deaconess-Waltham Hospital  
Hope Avenue  
Waltham, MA 02254-9116 - DPH ID #: 2067

Emerson Hospital  
P.O. Box 9120  
Concord, MA 01742-9120  
DPH ID #: 2018

General Documentation  
FY1999 Inpatient Hospital Discharge Database

Supplement III – Profile: Hospital, Address, DPH Number

Fairview Hospital  
29 Lewis Avenue  
Great Barrington, MA 01230  
DPH ID #: 2052

Faulkner Hospital  
1153 Centre Street  
Boston, MA 02130  
DPH ID #: 2048

Franklin Medical Center  
164 High Street  
Greenfield, MA 01301 - DPH ID #: 2120

Caritas Good Samaritan Medical Center  
235 North Pearl Street  
Brockton, MA 002401  
DPH ID #: 2101

Hallmark Health Care – Lawrence Memorial Hospital Campus  
170 Governors Avenue  
Medford, MA 02155  
DPH ID #: 2038

Hallmark Health Care – Malden Hospital Campus  
100 Hospital Road  
Malden, MA 02148  
DPH ID #: 2041

Hallmark Health Care – Melrose-Wakefield Hospital Campus  
585 Lebanon Street  
Melrose, MA 02176  
DPH ID #: 2058

Hallmark Health Care – Whidden Memorial Hospital Campus  
103 Garland Street  
Everett, MA 02149  
DPH ID #: 2046

Harrington Memorial Hospital  
100 South Street  
Southbridge, MA 01550-8002  
DPH ID #: 2143

General Documentation  
FY1999 Inpatient Hospital Discharge Database

Supplement III – Profile: Hospital, Address, DPH Number

Haverhill Municipal Hale Hospital  
140 Lincoln Avenue  
Haverhill, MA 01830  
DPH ID #: 2131

Health Alliance Hospital, Inc. – Burbank & Leominster Campuses  
60 Hospital Road  
Leominster, MA 01453  
DPH ID #: 2034

Heywood Hospital  
242 Green Street  
Gardner, MA 01440  
DPH ID #: 2036

Holy Family Hospital  
70 East Street  
Methuen, MA 01844  
DPH ID #: 2225

Holyoke Hospital, Inc.  
575 Beech Street  
Holyoke, MA 01040  
DPH ID #: 2145

Hubbard Regional Hospital  
340 Thompson Road  
Webster, MA 01570  
DPH ID #: 2157

Jordan Hospital, Inc.  
275 Sandwich Street  
Plymouth, MA 02360  
DPH ID #: 2082

Lahey Clinic  
41 Mall Road  
Burlington, MA 01805  
DPH ID #: 2033

Lawrence General Hospital  
One General Street – P.O. Box 189  
Lawrence, MA 01842-0389  
DPH ID #: 2099

Lowell General Hospital  
295 Varnum Avenue  
Lowell, MA 01854 - DPH ID #: 2040

General Documentation  
FY1999 Inpatient Hospital Discharge Database

Supplement III – Profile: Hospital, Address, DPH Number

Martha's Vineyard Hospital  
P.O. Box 1477  
Oak Bluffs, MA 02557  
DPH ID #: 2042

Mary Lane Hospital  
85 South Street  
Ware, MA 01082  
DPH ID #: 2148

Massachusetts Eye & Ear Infirmary  
243 Charles Street  
Boston, MA 02114  
DPH ID #: 2167

Massachusetts General Hospital  
55 Fruit Street  
Boston, MA 02114  
DPH ID #: 2168

Medical Center at Symmes (closed during FY99)  
39 Hospital Road  
Arlington, MA 02174  
DPH ID #: 2089

Mercy Hospital  
271 Carew Street  
Springfield, MA 01102  
DPH ID #: 2149

Milford-Whitinsville Hospital  
14 Prospect Street  
Milford, MA 01757  
DPH ID #: 2105

Milton Medical Center  
92 Highland Street  
Milton, MA 02186  
DPH ID #: 2227

Morton Hospital & Medical Center  
88 Washington Street  
Taunton, MA 02780 - DPH ID #: 2022

General Documentation  
FY1999 Inpatient Hospital Discharge Database

Supplement III – Profile: Hospital, Address, DPH Number

Mount Auburn Hospital  
330 Mt. Auburn Street  
Cambridge, MA 02138  
DPH ID #: 2071

Nantucket Cottage Hospital  
57 Prospect Street  
Nantucket, MA 02554 - DPH ID #: 2044

New England Baptist Hospital  
125 Parker Hill Avenue  
Boston, MA 02120  
DPH ID #: 2059

New England Medical Center  
750 Washington Street  
Boston, MA 02111  
DPH ID #: 2299

Newton-Wellesley Hospital  
2014 Washington Street  
Newton, MA 02162  
DPH ID #: 2075

Noble Hospital, Inc.  
115 West Silver Street  
Westfield, MA 01086-1634  
DPH ID #: 2076

North Adams Regional Hospital  
Hospital Avenue  
North Adams, MA 01247  
DPH ID #: 2061

Northeast Health Systems – Addison Gilbert Hospital  
298 Washington Street  
Gloucester, MA 01930  
DPH ID #: 2016

Northeast Health Systems – Beverly Hospital  
85 Herrick Street  
Beverly, MA 01915  
DPH ID #: 2007

North Shore Medical Center  
81 Highland Avenue  
Salem, MA 01970  
DPH ID #: 2014

General Documentation  
FY1999 Inpatient Hospital Discharge Database

Supplement III – Profile: Hospital, Address, DPH Number

Providence Hospital  
1233 Main Street  
Holyoke, MA 01040  
DPH ID #: 2150

Quincy Hospital  
114 Whitwell Street  
Quincy, MA 02169  
DPH ID #: 2151

Saints Memorial Medical Center  
Hospital Drive  
Lowell, MA 01852  
DPH ID #: 2063

Southcoast Health Systems - Charlton Memorial Hospital  
Highland Avenue @ New Boston Road  
Fall River, MA 02720  
DPH ID #: 2337

Southcoast Health Systems – St. Luke’s Hospital (New Bedford)  
101 Page Street  
New Bedford, MA  
DPH ID #: 2010

Southcoast Health Systems – Tobey Hospital  
101 Page Street  
New Bedford, MA  
DPH ID #: 2106

South Shore Hospital, Inc.  
55 Fogg Road  
South Weymouth, MA 02190  
DPH ID #: 2107

St. Anne’s Hospital  
795 Middle Street  
Fall River, MA 02721  
DPH ID #: 2011

St. Elizabeth’s Hospital  
736 Cambridge Street  
Boston, MA 02135 - DPH ID #: 2085

St. Vincent Hospital, Inc.  
25 Winthrop Street  
Worcester, MA 01604  
DPH ID #: 2128

General Documentation  
FY1999 Inpatient Hospital Discharge Database  
Supplement III – Profile: Hospital, Address, DPH Number

Sturdy Memorial Hospital  
211 Park Avenue  
Attleboro, MA 02703-0649  
DPH ID #: 2100

University of Massachusetts Medical Center  
120 Front Street  
Worcester, MA 01608  
DPH ID #: 2841

UMass./Marlborough Hospital  
57 Union Street  
Marlborough, MA 01752-9981  
DPH ID#: 2103

University of Massachusetts/Memorial Health Care  
281 Lincoln Street  
Worcester, MA 01605  
DPH ID #: 2077

Vencor - Boston  
1515 Commonwealth Avenue  
Brighton, MA 02135  
DPH ID #: 2091

Vencor – North Shore  
(Formerly Transitional Hospital Corporation)  
15 King Street  
Peabody, MA 01960  
DPH ID #: 2171

Winchester Hospital and Family Medical Center  
41 Highland Avenue  
Winchester, MA 01890  
DPH ID #: 2094

Wing Memorial Hospital and Medical Center  
40 Wright Street  
Palmer, MA 01069-1187  
DPH ID #: 2181



General Documentation  
FY1999 Inpatient Hospital Discharge Database

Supplement IV – Mergers, Name Changes, Closures & Conversions

<b>MERGERS</b>		
<b>Original Entities</b>	<b>New Corporation</b>	<b>Effective Date</b>
Berkshire Medical Center Hillcrest Hospital & Fairview	Berkshire Health System	July 1996
Beth Israel Hospital Deaconess Hospital	Beth Israel Deaconess Medical Center	October 1996
Boston University Medical Center Boston City Hospital Boston Specialty Rehab	Boston Medical Center Corporation	July 1996
Cambridge Hospital Somerville Hospital	Cambridge Community Health Network	July 1996
Cape Cod Hospital Falmouth Hospital	Cape Cod Health Systems	January 1996
Cardinal Cushing General Hospital Goddard Memorial Hospital	Good Samaritan Medical Center	October 1993
Lawrence Memorial Hospital, Malden Hospital, Melrose- Wakefield Hospital & Whidden Memorial Hospital	Hallmark Health System, Inc.	January 1998
Burbank Hospital – Fitchburg Leominster Hospital	Health Alliance, Inc. (Burbank Campus & Leominster Campus)	November 1994
Holden District Hospital Worcester Hahnemann Hospital Worcester Memorial Hospital	Medical Center of Central MA	October 1989
Mercy Hospital Providence Hospital	Mercy Hospital	June 1997
Leonard Morse Hospital – Natick Framingham Union Hospital	MetroWest Medical Center	January 1992
Beverly Hospital Addison Gilbert Hospital	Northeast Health Systems	October 1996
Salem Hospital North Shore Children's Hospital	North Shore Medical Center	April 1988
St. John's Hospital St. Joseph's Hospital	Saints Memorial Medical Center, Inc.	October 1992

General Documentation  
FY1999 Inpatient Hospital Discharge Database

Supplement IV – Mergers, Name Changes, Closures & Conversions

<b>MERGERS</b>		
<b>Original Entities</b>	<b>New Corporation</b>	<b>Effective Date</b>
Charlton Memorial Hospital St. Luke's Hospital (New Bedford) Tobey Hospital	Southcoast Health System	June 1996
Memorial Health Care UMass. Medical Center	UMASS Memorial Medical Center	April 1999
Melrose Wakefield Hospital Whidden Memorial Hospital	Joined Lawrence Memorial and Whidden to form Hallmark Health	January 1998

General Documentation  
FY1999 Inpatient Hospital Discharge Database

Supplement IV – Mergers, Name Changes, Closures & Conversions

NAME CHANGES		
Original Name	New Name	Comments
Lynn Hospital & Union Hospital	AtlantiCare Hospital	
Beth Israel Hospital & Deaconess Hospital	Beth Israel Deaconess Medical Center	
Boston City/University Hospital	Boston Medical Center	
New England Memorial Hospital	Boston Regional Med. Ctr.	Now closed.
Cambridge Hospital & Somerville Hospital	Cambridge Health Alliance	
Cape Cod & Falmouth Hospital	Cape Cod Health Systems	
Cardinal Cushing & Goddard Memorial Hospital	Caritas Good Samaritan Medical Center	
Norwood Hospital, Southwood Hospital and Good Samaritan Medical Center	Caritas Norwood, Caritas Southwood, Caritas Good Samaritan Medical Center	
Framingham Union & Leonard Morse	Columbia MetroWest Medical Center	
Glover Memorial Hospital	Deaconess-Glover	
Nashoba Community Hospital	Deaconess-Nashoba Hospital	
Waltham/Weston Hospital	Deaconess-Waltham Hospital	
Lawrence Memorial Hospital, Malden Hospital, Melrose Wakefield Hospital & Whidden Memorial	Hallmark Health System, Inc.	
Bon Secours Hospital	Holy Family Hospital	
Lahey Hitchcock Clinic	Lahey Clinic Hospital	
Quincy City Hospital	Quincy Hospital	
Leominster Hospital & Burbank Hospital	Health Alliance Hospital	
Beverly Hospital & Addison Gilbert Hospital	Northeast Health Systems	

General Documentation  
FY1999 Inpatient Hospital Discharge Database

Supplement IV – Mergers, Name Changes, Closures & Conversions

NAME CHANGES		
Original Name	New Name	Comments
Salem Hospital & North Shore Children's Hospital	North Shore Medical Center	
Charlton Memorial Hospital, St. Luke's Hospital & Tobey Hospital	Southcoast Health Systems	
Hahnemann Hospital	Vencor – Boston	
Transitional Hospitals Corp.	Vencor – North Shore	Long term acute hospital
UMass. Medical Center, Memorial Hospital & Marlborough Hospital	UMass. / Memorial Health Systems	

General Documentation  
FY1999 Inpatient Hospital Discharge Database

Supplement IV – Mergers, Name Changes, Closures & Conversions

<b>CLOSURES AND CONVERSIONS</b>	
Amesbury Hospital	Closed
Boston Regional Hospital	Closed
Burbank Hospital	Closed
Fairlawn Hospital	Converted to Non-Acute Hospital
Goddard Hospital	Closed
Heritage Hospital	Converted to Non-Acute Hospital
Hunt Memorial Hospital	Closed, now only outpatient services
Ludlow Hospital	Closed
Lynn Hospital	Closed
Mary Alley Hospital	Closed
Massachusetts Osteopathic Hospital	Closed
Medical Center of Symmes	Closed
St. Luke's Hospital in Middleborough	Closed
St. Margaret's Hospital for Women	Closed
Worcester City Hospital	Closed

Note: Subsequent to closure some hospitals may have re-opened for uses other than an acute hospital, e.g., health care center, rehabilitation hospital.

**SECTION II. TECHNICAL DOCUMENTATION**

**PART A. CALCULATED FIELD  
DOCUMENTATION**

1. Age Calculation
2. Newborn Age
3. Preoperative Days
4. Length of Stay (LOS) Calculation
5. Length of Stay (LOS) Routine
6. Unique Health Information Sequence Number (UHIN)
7. Days Between Stays

## SECTION II. TECHNICAL DOCUMENTATION

For your information, we have included a page of physical specifications for the *Accepted* and *Cautionary Use* data file(s) at the beginning of this manual. Please refer to the Tape Specifications section and CD Specifications for further information.

**Technical Documentation included in this section of the manual is as follows:**

- PART A. CALCULATED FIELD DOCUMENTATION
- PART B. DATA FILE CONTENTS SUMMARY
- PART C. REVENUE CODE MAPPINGS
- PART D. ALPHABETICAL SOURCE OF PAYMENT LIST
- PART E. NUMERICAL SOURCE OF PAYMENT LIST

Physical specifications include items such as tape density and block size, and a description of the file structure.

Record layout gives a description of each field along with the starting and ending positions.

Calculated fields are age, newborn age in weeks, preoperative days, length of stay, UHIN Sequence Number and days between stays. Each description has three parts:

First is a description of any conventions. For example, how are missing values used?

Second is a brief description of how the fields are calculated. This description leaves out some of the detail. However, with the first section it gives a good working knowledge of the field.

Third is a detailed description of how the calculation is performed. This description follows the code very closely.

General Documentation  
FY1999 Inpatient Hospital Discharge Database

**PART A. CALCULATED FIELD DOCUMENTATION**

**1. AGE CALCULATION**

**A) Conventions:**

1) Age is calculated if the date of birth and admission date are valid. If either one is invalid, then '999' is placed in this field.

All dates of birth that are greater than the admission date are assumed to be in the previous century, with the exception of newborns. Because some newborns are assigned a day of admission previous to their date of birth it is practical to check the MDC before calculating age.

Any hundred years older flag that would result in a patient being more than 124 is ignored.

Discretion should be used whenever a questionable age assignment is noted. Researchers are advised to consider other data elements (i.e., if the admission type is newborn) in their analysis of this field.

**B) Brief Description:**

Age is calculated by subtracting the date of birth from the admission date. A 100-years-old flag is used for patients that are over 100 years old. If a patient has been assigned to a newborn DRG than they are assigned an age of zero.

**C) Detailed Description:**

- 1) If the patient has already had a birthday for the year, their age is calculated by subtracting the year of birth from the year of admission. If not, then the patient's age is the year of admission minus the year of birth, minus one.
- 2) If the result is negative (date of birth is assumed to be in the previous century) then 100 is added to the age.
- 3) If the age is 99 (the admission date is a year before the admission date or less) and the MDC is 15 (the patient is a newborn), then the age is assumed to be zero.
- 4) If the century code is equal to 1 and the age calculated so far is less than 25 then 100 is added to the age.



**PART A. CALCULATED FIELD DOCUMENTATION**  
**NEWBORN AGE**

**A) Conventions:**

- 1) Newborn age is calculated to the nearest week (the remainder is dropped). Thus, newborns zero to six days old are considered to be zero weeks old.
- 2) Discharges that are not newborns have '99' in this field.

**B) Brief Description**

Discharges less than one year old have their age calculated by subtracting the date of birth from the admission date. This gives the patient's age in days. This number is divided by seven, the remainder is dropped.

**C) Detailed Description**

- 1) If a patient is 1 year old or older, the age in weeks is set to '99'.
- 2) If a patient is less than 1 year old then:
  - a. Patients age is calculated in days using the Length of Stay (LOS) routine, described herein.
  - b. Number of days in step 'a' above is divided by seven, and the remainder is dropped.

**PART A. CALCULATED FIELD DOCUMENTATION**  
**PREOPERATIVE DAYS**

**A) Conventions:**

1. A procedure performed on the day of admission will have preoperative days set to zero. One performed on the day after admission will have preoperative days set to 1, etc.
2. Preoperative days are set to 0000 when preoperative days are not applicable.

**B) Brief Description**

Preoperative days are calculated by subtracting the patient's admission date from the surgery date.

**C) Detailed Description**

1. If there is no procedure date, or if the procedure date or admission date is invalid, then preoperative days are set to 0000.
2. Otherwise preoperative days are calculated using the Length of Stay (LOS) Routine, as described herein.

**PART A. CALCULATED FIELD DOCUMENTATION**  
**LENGTH OF STAY (LOS) CALCULATION**

**A) Conventions**

1. None

**B) Brief Description**

1. Length of Stay (LOS) is calculated by subtracting the first date from the second date.
2. Days are accumulated a year at a time, until both dates are in the same year. At this point the algorithm may have counted beyond the ending date or may still fall short of it. The difference is added (or subtracted) to give the correct LOS.

**C) Detail Description**

1. Convert the first date to a julian date, but in the same year as the second date. Again, the algorithm will count the number of days, a year at a time, between the two dates. This total is adjusted to the final value by adding the difference between the two dates, but the difference is calculated in the year of the second date. This becomes important when February 29 lies between the two dates.

2. The second date is converted to a julian date.

-- For example:

If the two dates are 03/10/83 and 03/01/84, then 03/10/83 becomes 84070 and 03/01/84 becomes 84061.

3. Initialize LOS to zero

Counting from the first date to the second date in years, add the correct number of days for each year until the year of the second date has been reached.

----  $LOS = 0$  then,

$LOS = 0 + 366$  (number of days between 03/10/83 and 03/01/84).

4. Using the last three digits of the julian date, subtract the first date from the second date and add the result to the LOS.

----  $061 - 170 = -9$  (the negative number indicates that the anniversary of the first date is after the second date).

$LOS = 366 + -9 = 375$

**PART A. CALCULATED FIELD DOCUMENTATION**  
**LENGTH OF STAY (LOS) ROUTINE**

**A) Conventions**

1. Same day discharges have a length of stay of 1 day.

**B) Brief Description**

1. Length of Stay (LOS) is calculated by subtracting the admission date from the Discharge Date (and then subtracting LOA days). If the result is zero (for same day discharges), then the value is changed to one.

**C) Detail Description**

1. The length of stay is calculated using the LOS routine.
2. If the value is zero then it is changed to a 1.

**PART A. CALCULATED FIELD DOCUMENTATION**  
**UHIN SEQUENCE NUMBER**

**A) Conventions**

1. If the Unique Health Information Number (UHIN) is undefined (not reported, unknown or invalid), the sequence number is set to zero.

**B) Brief Description**

1. The Sequence Number is calculated using both the accepted and cautionary use files sorted together by UHIN, admission and discharge date. The sequence number is then calculated by incrementing a counter for each UHIN's set of admissions.

**C) Detailed Description**

1. UHIN Sequence Number is calculated by sorting the entire database (both accepted and cautionary use files) by UHIN, admission date, then discharge date (both dates are sorted in ascending order).
2. If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.
3. If the UHIN is valid, the sequence number is calculated by incrementing a counter from 1 to nnnn, where a sequence number of 1 indicates the first admission for the UHIN, and nnnn indicates the last admission for the UHIN.
4. If a UHIN has 2 admissions on the SAME day, the discharge date is used as the secondary sort key.
5. Because the sequence number is calculated using the entire database rather than calculating the sequence number on the accepted file and then SEPARATELY calculating the sequence number on the cautionary use file, it may be necessary to read BOTH the accepted and cautionary use files in order to get all of a patient's re-admissions. (i.e., a patient is admitted to Somerville Hospital then transferred to Beth Israel. The sequence number is 1 for the first admission at Somerville Hospital and numbered 2 for the second admission at Beth Israel. However, Beth Israel is on the accepted file while Somerville Hospital is on the cautionary file.)

**PART A. CALCULATED FIELD DOCUMENTATION**  
**DAYS BETWEEN STAYS**

**A) Conventions**

1. If the UHIN is undefined (not reported unknown or invalid), the days between stays is set to zero.
2. If the previous discharge date is greater than the current admission date or the previous discharge date or current admission date is invalid (i.e., 03/63/95), DAYS BETWEEN STAYS is set to '9999' to indicate an error.

**B) Brief Description**

The Days Between Stays is calculated using both accepted and cautionary use files sorted together by UHIN, admission date, then discharge date. For UHINs with two or more admissions, the calculation subtracts the previous discharge date from the current admission date to find the Days Between Stays.

**C) Detailed Description**

1. The Days Between Stays data element is calculated by sorting the entire database (both accepted and cautionary use files) by UHIN, admission date, then discharge date (both dates are sorted in ascending order).
2. If the UHIN is undefined (not reported, unknown or invalid), the Days Between Stays is set to zero.
3. If the UHIN is valid and this is the first occurrence of the UHIN, the discharge date is saved (in the event there is another occurrence of the UHIN). In this case, the Days Between Stays is set to zero.
4. If a second occurrence of the UHIN is found, days between stays is calculated by finding the number of days between the previous discharge and the current admission date with the following caveats:
  - a. if the previous discharge date is greater than the current admission date or the previous discharge date or current admission date is invalid (i.e., 03/63/95), DAYS BETWEEN STAYS is set to '9999' to indicate an error.
5. Step 4 is repeated, for all subsequent re-admissions, until the UHIN changes.
6. The routine, used to calculate Length of Stay, is also used to calculate days between stays.
7. If the discharge date on the first admission is the same as the admission date on the first RE-ADMISSION, days between stays is set to zero. This situation occurs for transfer patients as well as women admitted into the hospital with false labor.

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**PART B. DATA FILE CONTENTS SUMMARY**

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**PART B. DATA FILE CONTENTS SUMMARY**

This database is divided into 2 standard labeled IBM files for the following reason. Some of the hospitals have not been able to submit four quarters of acceptable data in time for the release. In an attempt to make it difficult to mistakenly treat hospitals with incomplete data like the other hospitals, we have separated these hospitals into two files. The first file contains hospitals whose data was accepted by the Commission. The second file contains hospitals whose data did not meet regulatory standards.

The first file contains municipal hospitals with a fiscal year beginning on July 1, and non-municipal hospitals which have a fiscal year beginning on October 1. All hospitals on this file contain four quarters of data, with the exception of UMass/Memorial HealthCare and Hale Hospital, which contain 5 quarters of data.

The second file, referred to as the Cautionary Use File, contains data for two hospitals with unacceptable data. These are:

**Boston Regional Medical Center (DPH ID 2060)**

This hospital submitted one casemix tape for the first quarter of FY99, which failed. They subsequently closed.

**Medical Center at Symmes (DPH ID 2089)**

This hospital submitted case mix data tapes for the first 3 quarters of FY99, which all passed. They also subsequently closed.



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**PART C. REVENUE CODE MAPPINGS**

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**REVENUE CODE MAPPINGS**  
**ANCILLARY SERVICES**

Effective January 1, 1994, amendments to Regulation 114.1 CMR 17.00 were adopted which require use of the UB-92 revenue codes. As a result, all ancillary service revenue code subcategories are now mapped to the UB-92 major classification heading for that revenue center. For example, codes 251-259 map to code 250.

For periods ending December 31, 1993 and earlier, the following tables identify how the UB-92 revenue codes are mapped in the case mix database.

**250 PHARMACY:**

250 Pharmacy  
251 General  
252 Generic Drugs  
253 Non-Generic Drugs  
254 Blood Plasma  
255 Blood-Other Components  
256 Experimental Drugs  
257 Non-Prescription  
258 IV Solution  
259 Other

**260 IV THERAPY**

**270 MEDICAL / SURGICAL SUPPLIES:**

270 General Medical Surgical Supplies  
272 Sterile Supply  
273 Take Home Supply  
274 Prosthetic Devices  
275 Pace Maker  
277 Oxygen-Take Home  
278 Other Implants  
279 Other Devices  
290 Durable Medical Equipment  
291 Rental DME  
292 Purchase DME  
299 Other Equipment

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300 LABORATORY:

300 General Laboratory  
301 Chemistry  
302 Immunology  
303 Renal Patient (Home)  
304 Non-Routine Dialysis  
305 Hematology  
306 Bacteriology & Microbiology  
307 Urology  
309 Other Lab  
310 Lab-Pathological  
311 Cytology  
312 Histology  
314 Biopsy  
319 Other Path. Lab  
971 Lab. Professional Fees

320 DIAGNOSTIC RADIOLOGY:

320 General  
321 Angiocardigraph  
324 Chest X-Ray  
329 Other  
400/409 Other Imaging Services  
401 Mammography  
402 Ultrasound  
972 Diagnostic Radiology Professional Fees

THERAPEUTIC RADIOLOGY:

330 General  
331 Chemotherapy-Inject  
332 Chemotherapy-Oral  
333 Radiation Therapy  
335 Chemotherapy-IV  
339 Other  
973 Therapeutic Radiology Professional Fees

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NUCLEAR MEDICINE:

340 General  
341 Diagnostic  
342 Therapeutic  
349 Other Nuclear Medicine  
974 Nuc Med Professional Fees

CAT SCAN:

350 General  
351 Head Scan  
352 Body Scan  
359 Other

OPERATING ROOM:

360 General  
361 Minor Surgery  
362 Organ Transplant (except Kidney)  
367 Kidney Transplant  
369 Other  
975 Operating Room Professional Fees

ANESTHESIOLOGY:

370 General  
374 Acupuncture  
379 Other  
963 Anesthesiology Professional Fees (MD)  
964 Anesthesiology Professional Fees (RN)

BLOOD:

380 General  
381 Packed Red Cells  
382 Whole Blood  
389 Other

BLOOD STORAGE, PROCESSING AND ADMINISTRATION:

390 General  
\*\*\* 391 Blood/Administration  
399 Other

RESPIRATORY THERAPY:

410 General  
412 Inhalation Services  
413 Hyperbaric Oxygen Therapy  
419 Other  
976 Respiratory Therapy Professional Fees

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PHYSICAL THERAPY:

420 General  
429 Other  
977 Physical Therapy Professional Fees

OCCUPATIONAL THERAPY:

430 General  
439 Other  
978 Occupational Therapy Professional Fees

SPEECH THERAPY:

440 General  
449 Other  
979 Speech Therapy Professional Fees

EMERGENCY ROOM:

450 General  
459 Other  
981 Emergency Room Professional Fees

PULMONARY FUNCTION:

460 General  
469 Other

AUDIOLOGY:

470 General  
471 Diagnostic  
472 Treatment  
479 Other

CARDIAC CATHETERIZATION:

480 General  
481 Cardiac Catheterization Lab  
482 Stress Test  
489 Other

AMBULANCE:

540 General  
541 Supplies  
542 Medical Treatment  
543 Heart Mobile  
544 Oxygen  
545 Air Ambulance  
549 Other

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RECOVERY ROOM:

710 General

719 Other

LABOR AND DELIVERY:

720 General

721 Labor

722 Delivery

723 Circumcision

724 Birthing Center

729 Other

EKG/ECG:

730 General

731 Holter Monitor

739 Other

985 EKG Professional Fees

EEG:

740 General

749 Other

922 Electromyogram

986 EEG Professional Fees

RENAL DIALYSIS:

800 General

801 Inpatient Hemodialysis

802 Inpatient Peritoneal (non CAPD)

805 Training Hemodialysis

806 Training Peritoneal Dialysis

807 Under Arrangement in house

808 Continuous Ambulatory Peritoneal Dialysis Training

809 In Unit Lab-Routine

810 Self Care Dialysis Unit

811 Hemodialysis – self care

812 Peritoneal Dialysis – self care

813 Under Arrangement in house – self care

814 In Unit Lab – self care

880 Miscellaneous Dialysis

881 Ultrafiltration

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KIDNEY ACQUISITION:

- 860 General
- 861 Monozygotic Sibling
- 862 Dizygotic Sibling
- 863 Genetic Parent
- 864 Child
- 865 Non-relating living
- 866 Cadaver

PSYCHOLOGY AND PSYCHIATRY:

- 900 General
- 901 Electroshock Treatment
- 902 Milieu Therapy
- 903 Play Therapy
- 909 Other
- 910 Psychology / Psychiatry Services
- 911 Rehabilitation
- 912 Day Care
- 913 Night Care
- 914 Individual Therapy
- 915 Group Therapy
- 916 Family Therapy
- 917 Bio Feedback
- 918 Testing
- 919 Other
- 961 Psychiatric Professional Fees

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OTHER:

280 Oncology  
\*\*\* 490 Ambulatory Surgery  
\*\*\* 499 Other Ambulatory Surgery  
\*\*\* 510 Clinic  
\*\*\* 511 Chronic Pain Center  
\*\*\* 512 Dental Clinic  
\*\*\* 519 Other Clinic  
530 General Osteopathic Services  
531 Osteopathic Therapy  
539 Other Osteopathic Therapy  
560 Medical Social Services  
700 Cast Room - General  
709 Cast Room - Other  
750/759 Gastro-Intestinal Services  
890/899 Other Donor Bank  
891 Bone Donor  
892 Organ Donor  
893 Skin Donor  
920/929 Other Diagnostic Services  
921 Peripheral Vascular Lab  
940/949 Other Therapeutic Services  
941 Recreational Therapy  
942 Educational Therapy  
943 Cardiac Rehabilitation  
960 General Professional Fees  
962 Opthamology  
969 Other Professional Therapy  
984 Medical Social Services  
987 Hospital Visit  
988 Consultation  
989 Private Duty Nurse

\*\*\* Please note:

These revenue centers should be reported only for those patients admitted to the hospital subsequent to surgical day care.



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The following ancillary revenue codes (and their related subcategories) are not valid pursuant to Regulation 114.1 CMR 17.00 and are not used for reporting charges on the case mix data tapes. These revenue codes relate either to outpatient services or to non-patient care.

500 Outpatient Services  
520 Free Standing Clinic  
530 Osteopathic Services  
550 Skilled Nursing  
570 Home Health Aid  
580 Other Visits (Home Health)  
590 Units of Service (Home Health)  
600 Oxygen (Home Health)  
640 Home IV Therapy Services  
660 Respite Care (HHA only)  
820 Hemodialysis – Outpatient or home  
830 Peritoneal Dialysis – Outpatient or home  
840 Continuous Ambulatory Peritoneal Dialysis – Outpatient or home  
850 Continuous Cycling Peritoneal Dialysis – Outpatient or home  
860 Reserved for Dialysis (National Assignment)  
870 Reserved for Dialysis (National Assignment)  
990 Patient Convenience Items

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**PART D. ALPHABETICAL  
SOURCE OF PAYMENT LIST**

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**PART D. ALPHABETICAL SOURCE OF PAYMENT LIST**  
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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
137	AARP/Medigap supplement **	7	COM
71	ADMAR	E	PPO
51	Aetna Life Insurance	7	COM
161	Aetna Managed Choice POS	D	COM-MC
22	Aetna Open Choice PPO	D	COM-MC
138	Banker's Life and Casualty Insurance **	7	COM
139	Banker's Multiple Line **	7	COM
2	Bay State – a product of HMO Blue	C	BCBS-MC
136	BCBS Medex **	6	BCBS
11	Blue Care Elect	C	BCBS-MC
46	Blue CHiP (BCBS Rhode Island)	8	HMO
160	Blue Choice (incl. Healthflex Blue) - POS	C	BCBS-MC
142	Blue Cross Indemnity	6	BCBS
50	Blue Health Plan for Kids	6	BCBS
52	Boston Mutual Insurance	7	COM
154	BCBS Other (not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (not listed elsewhere) ***	C	BCBS-MC
151	CHAMPUS	5	GOV
204	Christian Brothers Employee	7	COM
30	CIGNA (Indemnity)	7	COM
250	CIGNA HMO	D	COM-MC
171	CIGNA POS	D	COM-MC
87	CIGNA PPO	D	COM-MC
140	Combined Insurance Company of America**	7	COM
21	Commonwealth PPO	C	BCBS-MC
44	Community Health Plan	8	HMO
13	Community Health Plan Options (New York)	J	POS
42	ConnectiCare of Massachusetts	8	HMO
54	Continental Assurance Insurance	7	COM
69	Corporate Health Insurance Liberty Plan	7	COM
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass.)	8	HMO

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
167	Fallon POS	J	POS
67	First Allmerica Financial Life Insurance	7	COM
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
152	Foundation	0	OTH
143	Free Care	9	FC
88	Freedom Care	E	PPO
153	Grant	0	OTH
162	Great West Life POS	D	COM-MC
28	Great West Life PPO	D	COM-MC
89	Great West/NE Care	7	COM
55	Guardian Life Insurance	7	COM
23	Guardian Life Insurance Company PPO	D	COM-MC
56	Hartford L&A Insurance	7	COM
200	Hartford Life Insurance Co **	7	COM
1	Harvard Community Health Plan	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
14	Health new England Advantage POS	J	POS
38	Health New England Select (self-funded)	8	HMO
24	Health New England, Inc.	8	HMO
45	Health Source New Hampshire	8	HMO
98	Healthy Start	9	FC
251	Healthsource CMHC HMO	8	HMO
164	Healthsource CMHC Plus POS	J	POS
49	Healthsource CMHC Plus PPO	E	PPO
72	Healthsource New Hampshire	7	COM
165	Healthsource New Hampshire POS (Self- funded)	J	POS
90	Healthsource Preferred (self-funded)	E	PPO
271	Hillcrest HMO	8	HMO
81	HMO Blue	C	BCBS-MC
130	Invalid (replaced by #232 and 233)		
12	Invalid (replaced by #49)		

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
53	Invalid (no replacement)		
117	Invalid (no replacement)		
123	Invalid (no replacement)		
92	Invalid (replaced by # 84, 166, 184)		
105	Invalid (replaced by #111)		
32	Invalid (replaced by #157 and 158)		
41	Invalid (replaced by #157)		
15	Invalid (replaced by #158)		
29	Invalid (replaced by #171 and 250)		
16	Invalid (replaced by #172)		
124	Invalid (replaced by #222)		
126	Invalid (replaced by #230)		
122	Invalid (replaced by #234)		
6	Invalid (replaced by #251)		
76	Invalid (replaced by #270)		
26	Invalid (replaced by #75)		
5	Invalid (replaced by #9)		
61	Invalid (replaced by #96)		
68	Invalid (replaced by #96)		
60	Invalid (replaced by #97)		
57	John Hancock Life Insurance	7	COM
82	John Hancock Preferred	D	COM-MC
169	Kaiser Added Choice	J	POS
40	Kaiser Foundation	8	HMO
58	Liberty Life Insurance	7	COM
85	Liberty Mutual	7	COM
59	Lincoln National Insurance	7	COM
19	Matthew Thornton	8	HMO
103	Medicaid (includes MassHealth)	4	MCD
107	Medicaid Managed Care – Community Health Plan	B	MCD-MC
108	Medicaid Managed Care – Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care – Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care – Health New England	B	MCD-MC
111	Medicaid Managed Care – HMO Blue	B	MCD-MC

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
112	Medicaid Managed Care – Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care – Neighborhood Health Plan	B	MCD-MC
115	Medicaid Managed Care – Pilgrim Health Care	B	MCD-MC
114	Medicaid Managed Care – United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
106	Medicaid Managed Care-Central Mass. Health Care	B	MCD-MC
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
116	Medicaid Managed Care – Tufts Associated Health Plan	B	MCD-MC
118	Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership	B	MCD-MC
121	Medicare	3	MCR
220	Medicare HMO – Blue Care 65	F	MCR-MC
125	Medicare HMO – Fallon Senior Plan	F	MCR-MC
221	Medicare HMO – Harvard Community Health Plan 65	F	MCR-MC
223	Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
230	Medicare HMO – HCHP First Seniority	F	MCR-MC
127	Medicare HMO – Health New England Medicare Wrap **	F	MCR-MC
222	Medicare HMO – Healthsource CMHC	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement **	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan **	F	MCR-MC
234	Medicare HMO – Managed Blue for Seniors	F	MCR-MC
132	Medicare HMO – Matthew Thornton Senior Plan	F	MCR-MC
211	Medicare HMO – Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
134	Medicare HMO – Other (not listed elsewhere) ***	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65 **	F	MCR-MC
210	Medicare HMO – Pilgrim Preferred 65 **	F	MCR-MC

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
231	Medicare HMO – Pilgrim Prime	F	MCR-MC
232	Medicare HMO – Seniorcare Direct	F	MCR-MC
233	Medicare HMO – Seniorcare Plus	F	MCR-MC
224	Medicare HMO – Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO – US Healthcare	F	MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
43	MEDTAC	8	HMO
96	Metrahealth (United Care of NE)	7	COM
158	Metrahealth – HMO (United Care of NE)	D	COM-MC
172	Metrahealth – POS (United Care of NE)	D	COM-MC
157	Metrahealth – PPO (United Care of NE)	D	COM-MC
201	Mutual of Omaha **	7	COM
62	Mutual of Omaha Insurance	7	COM
33	Mutual of Omaha PPO	D	COM-MC
47	Neighborhood Health Plan	8	HMO
3	Network Blue (PPO)	C	BCBS-MC
91	New England Benefits	7	COM
63	Mutual of Omaha Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
34	New York Life Care PPO	D	COM-MC
202	New York Life Insurance **	7	COM
159	None (Valid only for secondary source of payment)	N	NONE
31	One Health Plan HMO (Great West Life)	D	COM-MC
77	Options for Healthcare PPO	E	PPO
147	Other Commercial Insurance (not listed elsewhere) ***	7	COM
199	Other EPO (not listed elsewhere) ***	K	EPO
144	Other Government	5	GOV
148	Other HMO (not listed elsewhere) ***	8	HMO
141	Other Medigap (not listed elsewhere)	7	COM
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
99	Other POS (not listed elsewhere) ***	J	POS
156	Out of State BCBS	6	BCBS
120	Out-of-State Medicaid	5	GOV
135	Out-of-State Medicare	3	MCR

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
65	Paul Revere Life Insurance	7	COM
78	Phoenix Preferred PPO	D	COM-MC
10	Pilgrim Advantage - PPO	E	PPO
39	Pilgrim Direct	8	HMO
8	Pilgrim Health Care	8	HMO
95	Pilgrim Select - PPO	E	PPO
183	Pioneer Health Care EPO	K	EPO
79	Pioneer Health Care PPO	E	PPO
25	Pioneer Plan	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
184	Private Healthcare Systems EPO	K	EPO
166	Private Healthcare Systems POS	J	POS
84	Private Healthcare Systems PPO	E	PPO
75	Prudential Healthcare HMO	D	COM-MC
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
66	Prudential Insurance	7	COM
93	Psychological Health Plan	E	PPO
101	Quarto Claims	7	COM
168	Reserved		
173-180	Reserved		
185-198	Reserved		
205-209	Reserved		
213-219	Reserved		
226-229	Reserved		
235-249	Reserved		
252-269	Reserved		
145	Self-Pay	1	SP
94	Time Insurance Co	7	COM
100	Transport Life Insurance	7	COM
7	Tufts Associated Health Plan	8	HMO
80	Tufts Total Health Plan PPO	E	PPO
97	Unicare	7	COM
182	Unicare Preferred Plus Managed Access EPO	D	COM-MC
270	Unicare Preferred Plus PPO	D	COM-MC
70	Union Labor Life Insurance	7	COM



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**PART D. ALPHABETICAL SOURCE OF PAYMENT LIST**  
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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
86	United Health & Life PPO (Subsidiary of United Health Plans of NE)	E	PPO
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
9	United Health Plan of New England (Ocean State)	8	HMO
74	United Healthcare Insurance Company	7	COM
35	United Healthcare Insurance Company – HMO (new for 1997)	D	COM-MC
163	United Healthcare Insurance Company – POS (new for 1997)	D	COM-MC
36	United Healthcare Insurance Company – PPO (new for 1997)	D	COM-MC
48	US Healthcare	8	HMO
83	US Healthcare Quality Network Choice-PPO	E	PPO
170	US Healthcare Quality POS	J	POS
102	Wausau Insurance Company	7	COM
146	Worker's Compensation	2	WOR

\*\* Supplemental Payer Source

\*\*\*Please list under the specific carrier when possible

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**PART D. ALPHABETICAL SOURCE OF PAYMENT LIST**  
**Effective October 1, 1997**

**SUPPLEMENTAL PAYER SOURCES**  
**USE AS SECONDARY PAYER SOURCE ONLY**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
137	AARP/Medigap Supplement	7	COM
138	Banker's Life and Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
136	BCBS Medex	6	BCBS
140	Combined Insurance Company of America	7	COM
200	Hartford Life Insurance Company	7	COM
127	Medicare HMO – Health New England Medicare Wrap	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO-Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65	F	MCR-MC
210	Medicare HMO-Pilgrim Preferred 65	F	MCR-MC
201	Mutual of Omaha	7	COM
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
202	New York Life Insurance Company	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC

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**PART E. NUMERICAL  
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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
1	Harvard Community Health Plan	8	HMO
2	Bay State – a product of HMO Blue	C	BCBS-MC
3	Network Blue (PPO)	C	BCBS-MC
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass)	8	HMO
5	Invalid (replaced by #9)		
6	Invalid (replaced by #251)		
7	Tufts Associated Health Plan	8	HMO
8	Pilgrim Health Care	8	HMO
9	United Health Plan of New England (Ocean State)	8	HMO
10	Pilgrim Advantage - PPO	E	PPO
11	Blue Care Elect	C	BCBS-MC
12	Invalid (replaced by #49)		
13	Community Health Plan Options (New York)	J	POS
14	Health New England Advantage POS	J	POS
15	Invalid (replaced by #158)		
16	Invalid (replaced by #172)		
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
19	Matthew Thornton	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
21	Commonwealth PPO	C	BCBS-MC
22	Aetna Open Choice PPO	D	COM-MC
23	Guardian Life Insurance Company PPO	D	COM-MC
24	Health New England Inc.	8	HMO
25	Pioneer Plan	8	HMO
26	Invalid (replaced by #75)		
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
28	Great West Life PPO	D	COM-MC
29	Invalid (replaced by #171 & 250)		
30	CIGNA (Indemnity)	7	COM
31	One Health Plan HMO (Great West Life)	D	COM-MC
32	Invalid (replaced by #157 & 158)		

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
33	Mutual of Omaha PPO	D	COM-MC
34	New York Life Care PPO	D	COM-MC
35	United Healthcare Insurance Company – HMO (new for 1997)	D	COM-MC
36	United Healthcare Insurance Company - PPO (new for 1997)	D	COM-MC
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
38	Health new England Select (self-funded)	8	HMO
39	Pilgrim Direct	8	HMO
40	Kaiser Foundation	8	HMO
41	Invalid (replaced by #157)		
42	ConnectiCare of Massachusetts	8	HMO
43	MEDTAC	8	HMO
44	Community Health Plan	8	HMO
45	Health Source New Hampshire	8	HMO
46	Blue ChiP (BCBS Rhode Island)	8	HMO
47	Neighborhood Health Plan	8	HMO
48	US Healthcare	8	HMO
49	Healthsource CMHC Plus PPO	E	PPO
50	Blue Health Plan for Kids	6	BCBS
51	Aetna Life Insurance	7	COM
52	Boston Mutual Insurance	7	COM
53	Invalid (no replacement)		
54	Continental Assurance Insurance	7	COM
55	Guardian Life Insurance	7	COM
56	Hartford L&A Insurance	7	COM
57	John Hancock Life Insurance	7	COM
58	Liberty Life Insurance	7	COM
59	Lincoln National Insurance	7	COM
60	Invalid (replaced by #97)		
61	Invalid (replaced by #96)		
62	Mutual of Omaha Insurance	7	COM
63	New England Mutual Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
65	Paul Revere Life Insurance	7	COM

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
66	Prudential Insurance	7	COM
67	First Allmerica Financial Life Insurance	7	COM
68	Invalid (replaced by #96)		
69	Corporate Health Insurance Liberty Plan	7	COM
70	Union Labor Life Insurance	7	COM
71	ADMAR	E	PPO
72	Healthsource New Hampshire	7	COM
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
74	United Healthcare Insurance Company	7	COM
75	Prudential Healthcare HMO	D	COM-MC
76	Invalid (replaced by #270)		
77	Options for Healthcare PPO	E	PPO
78	Phoenix Preferred PPO	D	COM-MC
79	Pioneer Health Care PPO	E	PPO
80	Tufts Total Health Plan PPO	E	PPO
81	HMO Blue	C	BCBS-MC
82	John Hancock Preferred	D	COM-MC
83	US Healthcare Quality Network Choice - PPO	E	PPO
84	Private Healthcare Systems PPO	E	PPO
85	Liberty Mutual	7	COM
86	United Health & Life PPO (subsidiary of United Health Plans of NE)	E	PPO
87	CIGNA PPO	D	COM-MC
88	Freedom Care	E	PPO
89	Great West/NE Care	7	COM
90	Healthsource Preferred (self-funded)	E	PPO
91	New England Benefits	7	COM
92	Invalid (replaced by #84, 166, 184)		
93	Psychological Health Plan	E	PPO
94	Time Insurance Co	7	COM
95	Pilgrim Select - PPO	E	PPO
96	Metrahealth (United Health Care of NE)	7	COM
97	Unicare	7	COM

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
98	Healthy Start	9	FC
99	Other POS (not listed elsewhere) ***	J	POS
100	Transport Life Insurance	7	COM
101	Quarto Claims	7	COM
102	Wausau Insurance Company	7	COM
103	Medicaid (includes MassHealth)	4	MCD
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
105	Invalid (replaced by #111)		
106	Medicaid Managed Care-Central Mass Health Care	B	MCD-MC
107	Medicaid Managed Care-Community Health Plan	B	MCD-MC
108	Medicaid Managed Care-Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care-Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care-Health New England	B	MCD-MC
111	Medicaid Managed Care-HMO Blue	B	MCD-MC
112	Medicaid Managed Care-Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care-Neighborhood Health Plan	B	MCD-MC
114	Medicaid Managed Care-United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
115	Medicaid Managed Care-Pilgrim Health Care	B	MCD-MC
116	Medicaid Managed Care-Tufts Associated Health Plan	B	MCD-MC
117	Invalid (no replacement)		
118	Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
120	Out-Of-State Medicaid	5	GOV
121	Medicare	3	MCR
122	Invalid (replaced by #234)		
123	Invalid (no replacement)		
124	Invalid (replaced by #222)		
125	Medicare HMO – Fallon Senior Plan	F	MCR-MC
126	Invalid (replaced by #230)		
127	Medicare HMO – Health New England Medicare Wrap **	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan	F	MCR-MC

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
130	Invalid (replaced by #232 and 233)		
131	Medicare HMO – Pilgrim Enhance 65 **	F	MCR-MC
132	Medicare HMO – Matthew Thornton Senior Plan		MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
134	Medicare HMO – Other (not listed elsewhere)	F	MCR-MC
135	Out-Of-State Medicare	3	MCR
136	BCBS Medex **	6	BCBS
137	AARP/Medigap Supplement **	7	COM
138	Banker's Life and Casualty Insurance **	7	COM
139	Bankers Multiple Line **	7	COM
140	Combined Insurance Company of America **	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
142	Blue Cross Indemnity	6	BCBS
143	Free Care	9	FC
144	Other Government	5	GOV
145	Self-Pay	1	SP
146	Worker's Compensation	2	WOR
147	Other Commercial (not listed elsewhere) ***	7	COM
148	Other HMO (not listed elsewhere) ***	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
151	CHAMPUS	5	GOV
152	Foundation	0	OTH
153	Grant	0	OTH
154	BCBS Other (not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (not listed elsewhere) ***	C	BCBS-MC
156	Out of State BCBS	6	BCBS
157	Metrahealth – PPO (United Health Care of NE)	D	COM-MC
158	Metrahealth – HMO (United Health Care of NE)	D	COM-MC
159	None (valid only for secondary source of payment)	N	NONE
160	Blue Choice (includes Healthflex Blue) - POS	C	BCBS-MC
161	Aetna Managed Choice POS	D	COM-MC
162	Great West Life POS	D	COM-MC



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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
163	United Healthcare Insurance Company – POS (new for 1997)	D	COM-MC
164	Healthsource CMHC Plus POS	J	POS
165	Healthsource New Hampshire POS (self-funded)	J	POS
166	Private Healthcare Systems POS	J	POS
167	Fallon POS	J	POS
168	Reserved		
169	Kaiser Added Choice	J	POS
170	US Healthcare Quality POS	J	POS
171	CIGNA POS	D	COM-MC
172	Metrahealth – POS (United Health Care NE)	D	COM-MC
173-180	Reserved		
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
182	Unicare Preferred Plus Managed Access EPO	D	COM-MC
183	Pioneer Health Care EPO	K	EPO
184	Private Healthcare Systems EPO	K	EPO
185-198	Reserved		
199	Other EPO (not listed elsewhere) ***	K	EPO
200	Hartford Life Insurance Co **	7	COM
201	Mutual of Omaha **	7	COM
202	New York Life Insurance **	7	COM
205-209	Reserved		
210	Medicare HMO – Pilgrim Preferred 65 **	F	MCR-MC
211	Medicare HMO – Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement **	F	MCR-MC
213-219	Reserved		
220	Medicare HMO – Blue Care 65	F	MCR-MC
221	Medicare HMO – Harvard Community Health Plan 65	F	MCR-MC
222	Medicare HMO – Healthsource CMHC	F	MCR-MC

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
223	Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
224	Medicare HMO – Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO – US Healthcare	F	MCR-MC
226-229	Reserved		
230	Medicare HMO – HCHP First Seniority	F	MCR-MC
231	Medicare HMO – Pilgrim Prime	F	MCR-MC
232	Medicare HMO – Seniorcare Direct	F	MCR-MC
233	Medicare HMO – Seniorcare Plus	F	MCR-MC
234	Medicare HMO – Managed Blue for Seniors	F	MCR-MC
235-249	Reserved		
250	CIGNA HMO	D	COM-MC
251	Healthsource CMHC HMO	8	HMO
252-269	Reserved		
270	UniCare Preferred Plus PPO	D	COM-MC

\*\* Supplemental Payer Source

\*\*\* Please list under the specific carrier when possible

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**SUPPLEMENTAL PAYER SOURCES**  
**USE AS SECONDARY PAYER SOURCE ONLY**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
127	Medicare HMO – Health New England Medicare Wrap	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65	F	MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
136	BCBS Medex	6	BCBS
137	AARP/Medigap Supplement	7	COM
138	Banker's Life & Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
140	Combined Insurance Company of America	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
200	Hartford Life Insurance Co.	7	COM
201	Mutual of Omaha	7	COM
202	New York Life Insurance Company	7	COM
210	Medicare HMO – Pilgrim Preferred 65	F	MCR-MC
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement	F	MCR-MC